MC0358

BEST BUY HOSPITALS

PLANNING POLICIES

KINGS LYNN

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Patent Nos. 700547 and 802577

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REF. Wt. 39648/64

Hunt & Broadhurst Ltd., Oxford.

KINGS LYNN "BEST BUY" PLANNING POLICY NO 1

OFF-SITED SUPPORTING SERVICES

This document contains relevant extracts from the regional policies which have been determined by the RHB for co-ordinating the larger-scale provision of those services which are of a somewhat industrial nature. In rural areas, of course, the economies of scale often have to be balanced against long transport distances. The services involved are:-

Laundry

CSSD

Pharmacy

Pathology

Stores

Transport

The purpose of these extracts is to provide a background against which may be set the corresponding policies for the dgh itself, as described in later documents. These will indicate the relationship between "external" and "internal" services.

REFERENCES: BN.25 - Laundry (under revision)
HM(67)13 and Report on CSSD's
Draft BN's on Pharmacy and Pathology
HM(66)69 and Report on Hospital Supplies Organization
Management Services' Report (1972) on Hospital Linen Services

LAUNDRY

The service for the dgh will be provided from Norwich, 45 miles to the East, and daily deliveries may be expected on normal working days. Stocks held throughout the hospital will tide over weekends and holidays (up to 5 or 6 days).

ASSESSMENT OF NEED

352 Acute beds	@ 65 pieces per week	22,880	
101 Maternity beds and cots	@ 110 per week	11,110	
212 Geriatric beds	@ 40 " "	8,480	
95 Psychiatric beds	@ 40 " "	3,800	
180 Day places	@ 15 " "	2,700	
		48,970	pieces
The final phase containing Psycho-geriatric beds (95) will provide a further		3,800	
	Total	52,770	

It is intended to provide 2 trailer loads daily.

SORTING AT LAUNDRY - all items are common and there will be no sorting of individual hospital stocks.

METHOD OF DELIVERY

An exchange system of large trailers is proposed, with the trailers able to be parked right outside the hospital's linen-rooms. To minimise double-handling the contents of the trailers are expected to be packed in a way which permits bulk delivery straight to user areas, eg wards, delivery rooms and theatres, staff changing rooms, and the like.

METHOD OF COLLECTION

Used linen etc is sorted at ward/department level in colour-coded bags, with the items requiring special preliminary treatment kept separate from those fit for normal laundering. On arrival at the dirty linen room the bags are loaded straight into the trailers for collection. No sluicing is undertaken at the hospital.

UNIFORMS

Assuming that staff should receive personal issues, these will have to be suitably labelled. There is a sewing room in the hospital for fittings and alterations.

INSPECTION/REPAIR/CONDEMNATION

It is expected that these functions will be undertaken wholly at the central laundry; they have not been provided for in the hospital.

CSSD

This service is located at Peterborough, 35 miles to the South-West, and again daily deliveries can be expected on weekdays. They will be quite separate from the laundry and therefore separately handled at the hospital, where the "clean goods" store is a partitioned enclosure within the main stores area, adjoining the HSSU.

HOSPITAL STERILE SUPPLIES UNIT - this is responsible for processing all the surgical instruments, packs, etc used throughout the hospital. It also controls the storage and distribution of sterile supplies, whether received from CSSD or commercial sources. If the off-siting of this whole function were ever to become a practical proposition the area occupied by the Unit could easily be adapted for other purposes. (See also Policy IID)

EXTENT OF "OUTSIDE" SERVICE is as generally understood, subject to the following annotation:-

Instruments	:	dealt with by HSSU
Topical fluids	:	provided by Pharmacy
Babies bottles and teats	:	only disposables will be used
Laboratory glass -ware etc	:	cleaned/sterilised within Path. Department

METHOD OF DELIVERY/COLLECTION

CSSD vehicles are expected to use the main loading dock of the stores building. The supplies they deliver will be taken straight to the "clean goods" enclosure, and they will collect any returnable containers, etc before departure. A special storeman will normally be responsible for dealing with them.

PHARMACY

PATHOLOGY

These 2 departments within the dgh will be entirely self-sufficent*. They are intended to provide a full district service for the catchement population covering also any other hospitals which continue in use, (eg at Wisbech).

* except for Area Pharmacist control at Norwich.

STORES

Here again the function of the department as planned within the dgh is to provide an area service; the space allowed has been calculated on the normal basis of 1 sq metre per bed. Although the Areas Supplies Officer's responsibilities will probably be exercised from Norwich there should be no need to depend on "outside" facilities for storage or handling of the full range of hospital supplies. The allocation of duties within the hospital, as regards both general and specialized items, is noted in Policy IID.

TRANSPORT

Vehicles for the laundry and CSSD services will presumably be based at their respective centres. For other everday needs within the catchment area, it seems logical that the appropriate vehicles should be based at the new dgh. The resultant road traffic considerations are examined in Policy IIA.

There will be adequate hard-standing for goods vehicles in the vicinity of the stores/works block, but no provision is made for garaging and servicing. Likely developments with regard to the ambulance service - and the proximity of the on-site ambulance station - may make it worthwhile in due course to review the administrative arrangements for co-ordination of all forms of transport. For the present they have not been specified.

KINGS LYNN "BEST BUY" PLANNING POLICIES

INTRODUCTION AND INDEX

Background

1. The new district general hospital at Kings Lynn will be the Best Buy Mark II prototype. Its planning has derived mainly from the pair of hospitals built at Bury St Edmunds and Frimley to the Mark I design. The latter represented a field trial of some quite radical planning concepts, and aimed to satisfy with one design the patient-care needs of two catchment areas with differing characteristics. Its success is already being recognised.

2. In a similar way Mark II must continue the application of Best Buy principles to a concrete situation, ie to the assessed hospital demand for the population of a specific district. Nevertheless the design is expected to be used not only at Kings Lynn but also in other locations, not all of which have yet been identified. Its development has therefore necessitated trying to "generalize" a number of aspects, ie seeking greater flexibility by avoiding too precise a delineation. This should be apparent, too, in the way the Mark II planning policies have been developed from their Mark I origins.

Functional Content of DGH

3. A descriptive booklet published early in 1968 (1) showed inter alia how the Project Team was tackling its original commitment. In summary, the brief was to secure every reasonable cost economy in whole-hospital planning and design, without detriment to the patient-care and environmental aspects. This had necessitated close attention to the inter-relationship between hospital and community services, a subject more fully described in a later booklet (2). Its effect has been felt in determining many of the planning policies as well as the actual size of the hospital.

4. That size can generally be expressed in terms of functional content, the full schedule of which is available elsewhere (3) and therefore not included here. Through all the stages of its production the Team has been concerned to achieve a properly balanced complement of the various kinds of beds, diagnostic and supporting services. The complement was first assessed in 1967 - to serve a population of about 175,000 - and has been subject to relatively few major changes in the course of Mark II replanning. The changes were itemised in a paper circulated to RHBs in October 1972 (3). Their overall effect has been to take account of current advances in medical and nursing practice; also to make the content of the hospital a bit more flexible, eg by use of optional annexes. However, the district it is meant to serve still remains within the 160,000 - 190,000 population range.

Costs and Staffing

5. The very thorough search for economies has been related to the combination of capital and revenue consequences as shown by "present worth" (DCF) calculations. These were described in a 1970 report (4). Although handicapped by lack of evidence about staffing implications they have had a noticeable influence on the planning policies. When set against "Capricode" yardsticks the Mark II design may be rather less economical than Mark I, but it does still conform to the basic principle.

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(1) "Rationalisation of Planning & Design, MOH, March 1968.
(2) "The Inter-relationship of Hospital & Community Services", Report BB6, DHSS, May 1971.
(3) DS Letter 263/72 and Appendices, 27.10.72
(4) "Evaluation of Planning & Design", Report BB3, DHSS, March 1970.

6. As the effective commissioning of the hospital - and thus the implementation of the planning intent - may well depend upon having the right number and grades of staff, some idea of departmental establishments has been given in most respects other than nursing. But the figures are very provisional; without proper verification they should not be quoted for example in any discussion of revenue consequences. Their validity will depend upon local interpretation of the policies and the extent to which the functional content and design of the hospital remain unmodified.

Design

7. During the period when the design was taking shape the policies were available in little more than summary form. However, with user interests being constantly involved in the design process those outline policies sufficed until a fairly late stage. When they came to be written up in more detail it was against the background of settled layouts of departments and rooms. Functional relationships could thus be inspected on the final sketch plans and needed little in the way of specific (verbal) explanation - although a policy has in fact been included in the set to give some idea of how they were arrived at.

8. While the supplementary influence of feedback from the Mark I commissioning teams must be acknowledged, broadly the same process as above has applied to the formulation of the Mark II policies. They are still meant to be taken as statements of design intent, expressed in operational terms for the benefit of eventual users. They have to be read in conjunction with the loaded drawings, schedules of accommodation and possibly also room data sheets.

Presentation of Policies

9. As expressions of design intent the policies do not aim to detail those operational aspects which have little influence on design, such as times of meals. There may well be more than one satisfactory way of organising the workflow for a particular department, service or group of rooms. When interpreting the policies for the hospital's own staff, users will naturally be expected to add further details derived from local custom and experience. The basically "loose-leaf" style in which the documents are made up should prove helpful in this respect. It will also facilitate the publication of amendments and additions, and a pro-forma on which they can be recorded forms part of this set.

10. The Index on the following pages should help to indicate that the order in which the policies have been arranged was chosen as a matter of convenience. It enables them to progress in subject-matter from the general to the particular, with cross-referencing wherever possible to avoid repetition. There is no connection with the room numbering sequence, which was arrived at earlier and on a different basis; nor with the process of determining the functional content (see para 4), which must give top priority to numbers of beds, theatres, X-ray rooms, clinics, etc. However, a feature of Best Buy planning is its emphasis on whole-hospital aspects, and this is what has conditioned the policy sequence. As and when the statements for individual departments are produced, they should fit into the basic framework with little difficulty.

DHSS
Hospital Building Division
June 1973

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KBB PLANNING POLICIES

RECORD OF ALTERATIONS & ADDITIONS ISSUED

Serial No.	Date	Policies/Subjects Affected	Action Taken
1.	27.9.72	IIB page 16. Standby Electricity Supply	
2.	4.10.72	IIB page 10. Heading adjustment	
3.	- 3.73	IIB page 7 Autoclaves	

KINGS LYNN "BEST BUY" PLANNING POLICY NO IIA

ACCESS AND COMMUNICATIONS

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REFERENCES:

HBPN No 5
Hospital Building Bulletin No 5
Hospital Design Note No 2) Fire
" Technical Memorandum No 16) Precautions
Management Services Report No 1 "Guide to Good Practices"

GENERAL

A separate description of the Development Plan and Departmental Relationships (Policy No IIL) will conclude and round off this set of whole-hospital policies. The set is starting with "Access and Communications" not because of any priority in planning, but because these subjects are likely to have the most general interest for local staff and patients when they are familiarising themselves with their new hospital.

The movement of people and goods of all kinds is one of the major types of supporting function, which has a bearing upon most of the departments and services to be described in later Policies. However, the risk of allowing it to absorb an unreasonable proportion of cost needs guarding against as the design develops.

Communications are referred to here in the spatial sense, ie in regard to the actual areas allowed for movement throughout the hospital.

For communications which involve mechanical or electrical engineering, see Policy No IIB.

For communications which involve the information or portering services, see Policy No IIH.

The Purpose of this document is to describe the most direct means by which vehicles or individuals having business within the hospital can approach and enter the precinct and then be brought to the department or service required. There must be proper safeguards against unauthorised entry. Departures from the building are also dealt with, under both normal and emergency circumstances (eg in case of fire).

DEFINITIONS:

front of hospital - that elevation which contains the main patient entrances.

left or right sides - as seen from front.

hospital streets - the internal "ring main" corridors on each floor which surround the central core for use by traffic to all departments.

NB While pp3, 4 and 5 of this policy are concerned with the whole site, the remainder relates only to the "package" (main building plus stores block); the geriatric and psychiatric annexes are dealt with separately in later policies.

CATCHMENT AREA AND SITE LOCATION

The site was chosen by the Regional Board some years before their decision to adopt the "Best Buy" type of development for which it proves to be admirably suited. It lies some 2 miles east of the town centre, in a locality ripe for residential development which can be expected to attract suitable public transport services. The main road from the town joins the by-pass at the SE corner of the site, making it accessible from all parts.

Kings Lynn is the natural centre for a large area of Norfolk lying SE of The Wash, other large towns (with the exception of Wisbech) being up to 40 miles or so away. It is an historic port now attracting commercial and industrial development, including an element of London overspill. Holiday visitors to the Norfolk coast tend to increase the summer demand for hospital services.

The hinterland of the town is mainly agricultural in character, including market gardens, and its population is accustomed to travelling fair distances for their urban facilities. In fact the boundary of the catchment area may extend to nearly 30 miles radius from the town in some parts.

The RHB had defined the area by reference to the Hospital In-Patient Enquiry and found that its total population by 1981 was likely to exceed the 170,000 or so which the Best Buy "package" was originally intended to serve. The natural concentration of acute services in the new dgh will therefore be supplemented by continued use of certain peripheral hospital facilities, mainly at Wisbech.

GROUNDS AND GARDENS

The site is roughly rectangular and comprises some 44 acres lying to the north of Gayton Road and west of the by-pass. It is extensively wooded, an amenity of which as much as possible will be preserved during construction. Another feature which should enhance the outlook from the upper floor wards is the slight elevation of the ground, which falls away to the north and east.

The positioning and orientation of the various buildings were influenced by a number of factors, ie:

a. A large expanse of fairly level ground was needed for the main building, but bringing it any nearer to Gayton Road would have involved destroying an avenue of mature oak-trees.

b. There are advantages in raising the stores block to a mezzanine level but this was not possible; also, the 2-storied geriatric annexe had to be positioned lower down the slope, and this was turned to advantage for patients' outdoor access.

c. Earlier development along the western side of the site imposed certain constraints.

d. The main existing building was a single-storied maternity unit. The Board's original proposals for alternative use of this building (after its replacement by the full provision within the dgh) involved converting it into a psychiatric unit to supplement the inadequate facilities for this purpose at first included in the Best Buy design. The link corridor between the psychiatric units within and outside the "package" thus needed to be kept as short as possible, by site proximity.

NB Although these 2 halves were later integrated into a wholly external unit, by then it was too late to review the orientation of the main block.

Gardening services for the new dgh should work to a planned programme for upkeep of the various inner courtyards and surrounding grounds as prepared by the landscape architects, the emphasis being placed on simple maintenance. In that programme the architects must indicate the type of planting proposed, eg for screening, shelter, ground cover and so on, with lists of new plants, also drawing attention to special treatment or equipment needs.

Special attention must be given to the landscaping of those courtyards which are intended for use of staff and visitors (see later page) and to the garden terrace outside the geriatric unit where simple maintenance by patients could be of therapeutic value (see Policy No IIIE).

Outdoor furniture and fixtures are carefully chosen to suit the overall scheme.

PUBLIC ACCESS, SITE ROADS, AND CAR-PARKING

PRIVACY

Any attempt to keep the grounds private by the use of high perimeter fencing would be expensive but not very effective without elaborate night security patrols etc. The boundary of the site is delineated by whatever simple means may be appropriate, usually as prescribed in the purchase deeds. Within the site there may be some demarcation of certain areas, eg residential, to limit public encroachment.

ACCESS TO SITE

The site development plan has been based on the understanding that access is allowed from Gayton Road at only 2 points, and none from the by-pass. However, changing traffic patterns during the next few years, and particular the need to guarantee unimpeded entry/exit for ambulances and other hospital vehicles, may well indicate that these matters need reviewing with the local highway authority. If a direct connection to the by-pass roundabout should prove quite impracticable, some comparable one-way circulation system will probably have to be added within that SE corner of the precinct itself.

ROADS

All precinct roads are built to normal public requirements, ie with footpaths where necessary, drainage and lighting of Class B standard. Their upkeep is the responsibility of the works department, but traffic control arrangements are made by the head porter. Extra lighting is provided for entrances, car parks and other special areas.

TRAFFIC CONTROL

There is no need for main gates or a porters' lodge at the entrance(s) to the precinct. A reception point with 24-hour staffing is located just inside the Accident and Emergency Department. Traffic signs of the standard type will control movement on all site roads, supported by clear directional indicators. The entrance and road along the western side will be for vehicles going direct to the stores/works block, the ambulance station, and the residential area to the north. (The latter includes its own allocation of parking space). The other entrance gives on to the main parking areas, the front of the hospital and the geriatric units beyond..

GENERAL PARKING

Provision is being made for about 750 car-spaces, mostly in the open area between the front of the hospital and the by-pass. Visitors and non-resident staff will have to leave their cars in the car park and proceed to the hospital on foot. Only ambulances (or cars carrying non-ambulant patients) may actually drive up to the hospital entrances. There should be no occasion for parking by the roadside, with risk of impeding other vehicles.

PEDESTRIANS

It may prove desirable to establish a bus lay-by along Gayton Road, in which case there could be a separate entrance linked by footpath to the hospital entrances.

MAIN ENTRANCES TO HOSPITAL (Ground floor)

The factors which influenced the number and location of entrances are described later, in Policy No IIL.

NURSING STAFF (Left side towards rear)

The corridor linking this entrance to the rear street is flanked on either side by the changing rooms for non-resident nursing staff. Near that corner of the street is one of the staircases to the upper floor.

ADMINISTRATION (Left side nearer front)

This is flanked on one side by ancillary staff changing rooms and on the other by the porters' and post rooms; beyond them are the general administration departments. There are clocking-in facilities for staff, then the corridor leads on across the street to the education centre and staircase nearby. Intended users are:-

a. all types and grades of staff working in the hospital,

b. visitors having business with any branch of Administration,

c. HMC members attending meetings or functions,

d. local health staff, gps etc attending for formal or informal liaison/ training purposes.

Both these entrances are closed at night, possibly after evening sessions in the education centre or committee room.

ACCIDENT AND EMERGENCY (Left front)

There are 2 adjacent doorways under the same canopy, one for stretcher cases and the other for ambulant patients. Each leads in to the joint reception counter which is constantly staffed, and to the full treatment facilities of the department. Emergency overnight admissions and maternity patients are taken via the centre lifts or staircase to appropriate first floor departments almost immediately above.

This entrance remains open throughout the 24 hours. It is intended also for use by telephonists (whose room adjoins the entrance) and other staff attending for night duty.

OUTPATIENTS, ADMISSIONS AND VISITORS (Centre front)

This is a canopied entrance giving on to the main concourse. (See Policy No IIJ and IIK). Facilities are provided for transport officer and ambulance crews, also transport waiting space. Day-time (booked) admissions are received here and passed on to the wards; the various outpatient clinics, including antenatal and orthopaedic, open straight off the concourse; while patients' visitors can be directed to the wards on ground or first floors.

It is always closed at night, ie after visitors and evening outpatients have departed.

PHYSICAL MEDICINE (Right front)

This again is canopied, and intended for use by ambulant and transported outpatients attending for treatment in physiotherapy areas or workshops.

The entrance has own reception desk but is closed after normal working hours.

OTHER EXTERNAL DOORWAYS

Continuing anti-clockwise round the ground floor the following are noted (excluding the fire exists, which are dealt with later under "Staircases"; the Supplies Centre entrances which are covered in Policy No IID; and the covered link corridors to longer-stay annexes):-

PHYSICAL MEDICINE - access from gymnasium link to outside exercise area. This is opened only when patients can be taken outdoors in fine weather for remedial purposes; its security is thus the responsibility of the physiotherapist or other officer in charge of the exercises and games.

GERIATRIC DAY-ROOMS - at each end of the acute unit there are glazed doors giving access for ambulant patients to the garden terrace and seats, also wheelchairs can be taken outside when the weather is fine. It should be the nursing staff's responsibility to see that the doors are properly secured after use.

ISOLATION UNIT - the 6-bed section for control of airborne infections is at the distal end of the unit, and there is an outside doorway which:-

a. permits direct admission of patients when occasion demands, and

b. gives outside access to the separate sluice/disposal room for ad hoc removal of highly infective material.

The door must be unlocked only on the above occasions, and secured again after use.

PLANT ROOM AREA - there is a doorway off the rear street which links the internal and external plant rooms. This may also be used for:-

a. building maintenance - when ladders or the mobile platform have to be brought through into a courtyard for work at first floor level,

b. gardening equipment (mowers etc) to be used in the courtyards,

c. (possibly) staff on emergency night call who may have to hurry into the hospital from their residences. The door is self-locking but essential users can be given their own keys.

MORTUARY - a specially screened exit is provided for this department to facilitate discreet loading of hearses.

SECURITY AND KEY-MASTERING OF DOORS

As already indicated, the staff on the spot are generally responsible for seeing that outside doors are closed and fastened after use. More specialised aspects (eg safeguarding of stores and dangerous drugs) are dealt with later in the appropriate Policies.

Administrative responsibility for the whole subject is exercised mainly through the Head Porter and the various security patrols - see Policy No IIH. To facilitate their task the arrangements for door-fastening, etc have been standardised as follows.

ALL EXTERNAL DOORS

These are to be fitted with pull handles and overhead concealed closers. For main entrances there is also a check to hold open at 90°. In the case of double-leaf doors, one leaf is provided with flush bolts, leaving just a single leaf as elsewhere for locking purposes. Where there is a double bank of doors enclosing a draught lobby, only the outer set are required to be lockable.

The requirement of preventing unauthorised entry to the building, but without hindering emergency (fire escape) egress, is being met by the installation throughout of Fire/Security Deadlocks. These are a special type of fastening which can be released from the inner side simply by turning a knob, but when locked again by returning the knob cannot be opened from the outside except by using a key.

A grand master key is applicable to the whole range of external doors.

DOORS TO INTERNAL COURTYARDS

Although a somewhat lower level of security would probably suffice, it is thought to be more convenient to adopt the same installation as above for these doors as well.

FIRE ESCAPE DOORS (other than above)

These are to have security deadlocks, also lever handles internally and externally, with a latch.

DEPARTMENTAL SUB-MASTERING

This is applicable to those external doors which are provided for specific departmental use, eg, Mortuary, Stores/Works (including switchrooms, etc), Isolation Unit, Geriatric Unit, Physical Medicine, and Children's Unit (balcony).

STREETS AND CORRIDORS

The optimum use of circulation areas depends largely on designing for good relationships between departments, as described in Policy No IIL. Although the nature of the design means that having rather long, straight internal streets and corridors cannot be avoided, their line is well broken by (courtyard) windows, doorways and lobbies.

The streets are uniformly 3m in width, of identical pattern around the "core" on each floor, allowing easy transit between departments for all types of pedestrian and wheeled traffic. (Communication between the floors is described on next page). For safety reasons all doorways off the streets are recessed, usually with lobbies beyond.

In the peripheral bands of wards/departments on each floor, the unit corridors are mostly continuous to permit flexibility of use. Nevertheless inter-communication between units should be by means of the streets, to which each unit is linked by an access corridor.

Most of these links contain offices and other general service rooms. The latter usually represent the limit of travel into the unit for the supply and disposal "floats" which circulate round the streets (see Policy IID). This helps to reduce disturbance to users as well as making the porters' job easier. In a few instances (eg outpatients' department), to save nurses' time the supply and disposal points have been brought further inside the units, which means that the porters' rounds should be timed for quiet periods.

INTERNAL DOORS

In corridors and streets the doors may be of either single or double-swing type, key-mastered as appropriate, and with twin leaves capable of being held open for heavy traffic. Their types and locations are dependent on the following considerations:-

a. The desirability of making certain departments self-contained for admin and security reasons.

b. In ward areas, the need to define normal spheres of nursing responsibility and general bed allocations.

c. The "compartmenting" of the whole building for fire risk control.

d. The expected volume and direction of traffic flow.

It would obviously be desirable to allow the traffic an uninterrupted circuit of the streets, but this does not conform to fire control regulations. Doors have therefore been installed at regular intervals, with the staircase lobbies constituting separate "compartments" in this respect. The doors are automatically held open during the day, by a method which provides for immediate release in case of fire.

CONNECTIONS BETWEEN FLOORS

RAMPS - These link the supply centre with the rest of the hospital and have a maximum gradient of 1 in 12. By combining the horizontal and the vertical communications systems they provide for each floor a direct pedestrian and vehicle access to the supply and work departments. They are meant to be used for all goods traffic between floors, whether or not this involves calling at the supply centre; for example when transporting beds and ward furniture to and from the cleansing unit or bulk food supplies direct from the kitchen to the ground floor wards. This is likewise the route taken by the special trolleys from wards to the Mortuary.

STAIRCASES - 7 are provided, all intended for general use and spaced fairly evenly around the streets. The ones at the front corners link the waiting lobbies. At the rear, the one associated with Pathology (2 floors) serves internal circulation as well.

There is a staircase associated with the lifts at the end of the central concourse, giving direct access to the main treatment rooms and day beds. There is one along the right side street connecting the staff dining room to the lounge below, and another along the left side which links midwifery training rooms on both floors.

Fire escape stairs as appropriate are provided around the perimeter of the building, with suitable doors giving access to them from the ends of corridors (for additional circumstances applicable in the case of the children's ward see Policy No IIIC).

LIFTS - these are centrally-placed at the end of the concourse. The assessment of need indicated that 2 bed/passenger lifts, each capable of carrying up to 25 persons, should be quite sufficient for normal and standby purposes. The lifts are not required for use by staff or any kind of goods traffic. In a 2-storied design only the following factors were relevant:-

a. rapid transfer of accident and emergency admissions up to the short stay beds and operating department (spasmodic, day or night)

b. transport of non-ambulant patients down from wards to X-ray, pathology and physical medicine (regular, daytime, but fairly limited); also perhaps to the chapel (very occasional).

c. transport of some patients' visitors who may not be able to walk upstairs - say a maximum of 50 people at the peak period.

HOISTS - The design has allowed the inclusion of 4 small hoists for specific purposes. One connects the kitchen still-room with the servery in the staff lounge directly below, so that beverages can be easily provided for all staff at the prescribed times. Another connects the snack bar servery with the pantry in the day-bed unit directly above, so that short-stay patients can be served with any snacks or beverages they may require during recovery. There are 2 more which link service areas on both floors of Pathology.

General specifications for the lifts and hoists are given in Policy No IIB.

INTERNAL COURTYARDS

On the development plan each court is given a reference number. The main purpose of the courtyard-type design is to make the fullest possible use of natural lighting and ventilation for all occupied areas.

However the amenity value of the internal gardens or patios which have thus been created is only slightly less important. They give the "inner" rooms of the building an outlook which compares quite well with that from the perimeter rooms. Furthermore during fine weather the occupants of ground floor departments are able to go into certain of the courtyards which are directly accessible and suitably paved for this purpose; the departments concerned are:

- OPD; patients can use court 11 as an outdoor extension of the waiting area in the concourse, and there is also access from the snack bar into court 8 on the other side.

- Staff Lounge; court 12 is directly adjacent and court 14 just across the street, both for use by staff during rest periods.

- Education Centre; for breaks between lectures, etc, court 4 is entered from the nurses' lounge and common room, and court 5 from the medical staff lounge and common room.

WORKS ACCESS TO COURTYARDS

Unrestricted access for gardening and maintenance purposes is provided from the street to nearly all the courtyards. In the case of the ones either side of the concourse (Nos 8 and 11) however, access is through occupied areas and could cause disturbance during normal working hours. Maintenance work should therefore be programmed for other times, save in emergency.

FLAT ROOFS

The flat roofs of some single-storied parts of the building create internal terraces at first floor level, ie over the concourse, and over the geriatric unit link corridor. In both cases there is a french door from the day-room adjoining the terrace so that with the addition of safety railings and various decorative plants it is fit for patients to sit outdoors in fine wheather.

KINGS LYNN "BEST BUY" PLANNING POLICY NO IIB

BOILER PLANT AND ENGINEERING SERVICES

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REFERENCES:

Hospital Building Notes, Equipment Notes and Design Notes.
Manufacturers Data Base (Sanitary Assemblies).
Technical Memorandum No 16 on Fire Precautions.
Technical Memorandum No 17 and associated commissioning manuals.
Technical Memorandum No 22 on Medical Gas Installations
Draft TM on Telephone Installations.
Project Team Report BB2 on Fuel Selection, Boiler Houses, etc.
Project Team Report BB3 on Evaluation of Planning and Design.
Project Team Report BB4 on Wind Tunnel Tests.

FILE REF J/H189/07
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GENERAL

The Engineering Services are designed (in conjunction with the building works) to:

- optimise the environmental conditions throughout the hospital and thus the comfort and well-being of its occupants;

- contribute to specialised aspects of patient care and treatment;

- play their part in the due functioning of other departments and services;

- conform to the statutory requirements for safety, etc. laid down by various public bodies.

- meet the criteria of economy and ease of maintenance on a "present worth" basis.

- require duplicated (standby) provision only in cases where breakdown would impair a vital hospital service.

Purpose of this document:

To describe the main engineering features of the hospital in such terms as the average person should be able to understand, and in sufficient detail to serve for reference purposes in relation to later policy documents. For the expert, full technical data is available elsewhere. A number of options were evaluated in the course of planning for Bury/Frimley (see Report BB3), some of which have since been reviewed as necessary.

The policy covers all parts of the hospital except the kitchens, whose service installations are described in Policy No IIE.

For details of the maintenance and works dept aspects see Policy IIC.

DEFINITIONS: Planned Preventive Maintenance - the system of regular inspection and repair of all installations and equipment in accordance with an annual programme.

Present Worth - a method of evaluating planning options which takes account of both capital and revenue costs over a suitable period.

BOILER-HOUSE INSTALLATIONS

Need was assessed by reference to the following factors:-

a. The off-siting of major steam-users (see Policy No 1) meant that only the space heating and hot water requirements of buildings on site were involved; water was clearly the preferred transfer medium.

b. Preliminary calculations indicated a maximum overall co-incident load (winter morning) of 7920 KW (27 m BTU's) per hour, with minimum (summer night) load of 2000 KW (6.8 m BTU's) per hour.

c. Locating the boiler plant as close as possible to the thermal load centre, in conjunction with the zoning of user areas as described in Policy No IIL, offered considerable economies.

d. If coal-fired plant were adopted noise factors would have required it to be sited some distance away from the main buildings.

e. Staffing needs for daily attendance and servicing should be moderate.

"Present Worth" Evaluation of the many combinations of fuel types, water pressures, boiler sizes and boiler-house locations was described in Report BB2.

Preferred Design Solution in the light of the above considerations:-

- four separate roof-top boiler houses are provided, one at each corner of the "core", over the staircases for structural strength.

- each contains a low pressure hot water boiler rated at 2,640 kw approx.; they are interlinked so that at maximum load one can remain on standby, and at minimum load any one of them should suffice.

- the boilers are completely automatic in operation, with alarms and emergency safeguards, requiring only about 1½ hours' attendance per day.

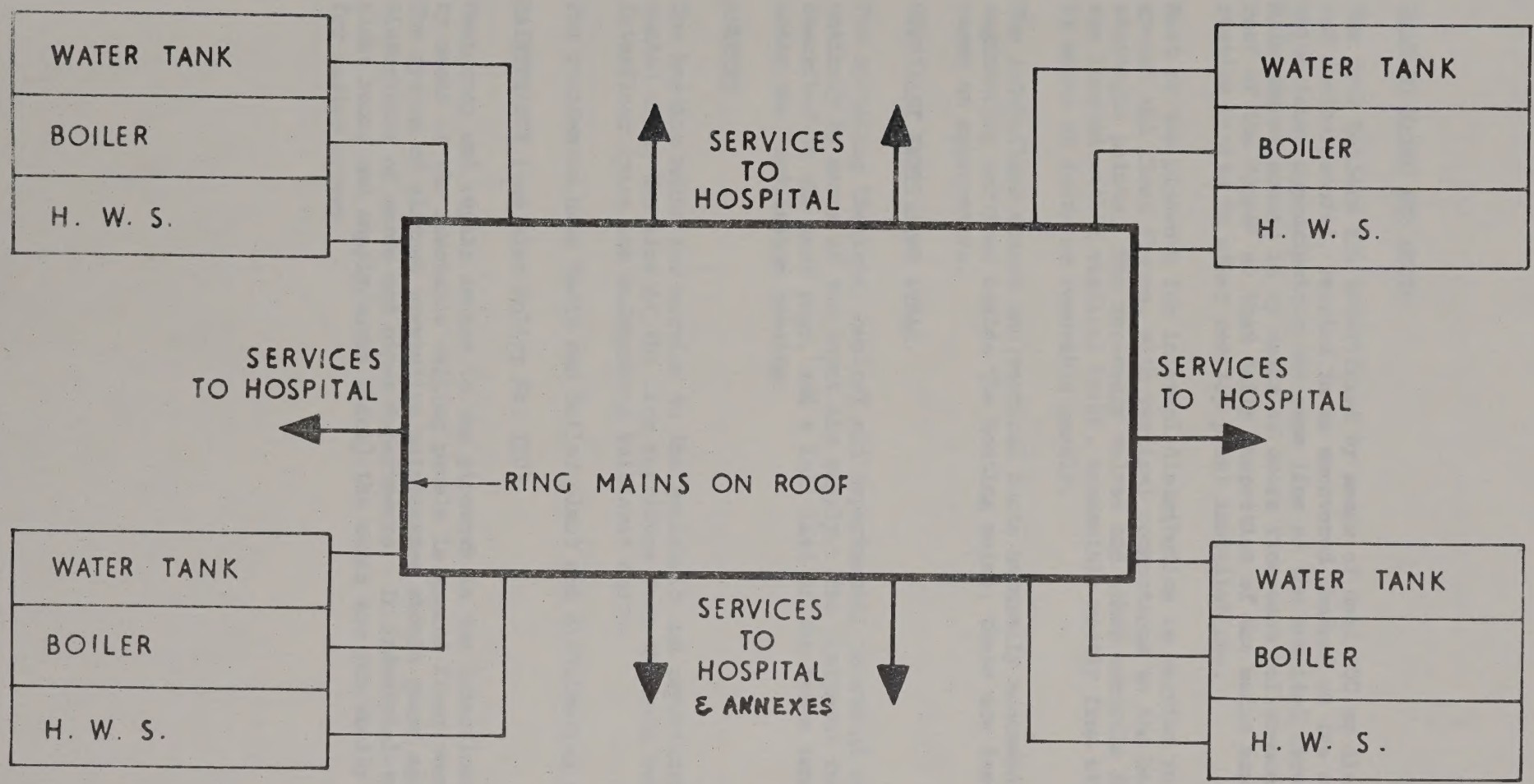
- the boilers are designed to be fired by natural gas, but capable of burning light fuel oil (from bulk storage at ground level) at times when the gas supply may be interrupted.

- the chimneys will be tall enough to ensure that combustion products are carried clear of the hospital buildings and residences. The original wind tunnel tests established this height at 25 metres above ground level, but it can be increased if experience shows the need.

- each boiler-house also contains two calorifiers for storage of "domestic" hot water, again interlinked with neighbouring units.

NB 1. The roof-top services are illustrated in the diagram on the next page.

2. The residences have their own boiler plant.



FLOW DIAGRAM OF HEATING & "DOMESTIC" WATER SERVICES FROM ROOFTOP BOILER HOUSE COMPLEX

HEATING MAINS AND DUCTS

The four boilers are interlinked by means of dual 200 mm dia mains, insulated and weatherproofed, carried in an uncovered channel on the roof of the building which takes approximately the same line as the hospital streets below. Maintenance access is by means of doors from each boiler-house giving on to the roof of the "core" so that daily inspection of the mains can be comprised with routine visits to other rooftop plant installations.

Most of the pipework for internal distribution is carried in the voids between ground and first floors, with vertical connections to the heating sources at strategic points. The necessary valves and other controls for the heating mains are located within vertical ducts, accessible mostly from streets and corridors by means of doors or removable panels.

The inter-floor spaces and vertical ducts naturally accommodate other types of engineering services beside the heating mains; these are described on later pages as appropriate.

SPECIALLY VENTILATED AREAS.

The operating theatres, central and departmental treatment rooms etc are heated entirely by means of the input air supply. The equipment for this purpose is described on the next page, and a full list of the areas concerned is given under the Ventilation heading.

ANNEXES

The heating mains for service to the geriatric and psychiatric annexes are routed along the line of the link corridors from the main building, using the interfloor space and underground builders' ducts.

The residences have their own boiler plant and distribution system.

MAINTENANCE (see also Policy No. IIC)

Emergency and repair access to the pipework in the interfloor space is gained by means of the removable ceiling panels in ground floor rooms and corridors. The system of planned preventive maintenance should guard against undue disturbance of wards and other departments. In industrial-type areas (eg plant rooms and supply/works block) the mains are run wholly on the surface for easier access.

SPACE HEATING

The heat transfer medium is treated water, coming from the boilers at a temperature of about 85°C and pumped at low pressure through the network of mains and pipes to all user areas, involving an estimated maximum circuit temperature drop of 17°C. This is comparable with the system commonly used for domestic heating installations.

Methods of Heat Emission vary according to requirements, and range over the following:

- Panel-type radiators, sized according to load, placed beneath the outer windows in most occupied areas.

- Convector-type radiators in places where low surface temp is necessary.

- Radiant panel strips below the clerestorey windows.

- Fan assisted convectors serving the large open spaces such as waiting areas and main entrances.

- Unit heaters, working in a similar manner to the convectors, mounted overhead in stores and such rooms as may lack windows and/or clear wall space.

- Heater batteries incorporated in the ventilation and air conditioning systems for selected departments.

THERMOSTATIC CONTROLS

Environmental warmth is an important feature of the hospital's daily life. At the same time it is so dependent on changeable needs as between patients and staff that the design must aim to suit the comfort of the great majority rather than extremes of personal preference. The building is therefore divided into separate zones for heating purposes. Within each of the heating zones some local temperature control is provided, but the thermostatic valves are mostly of a tamper-proof type to avoid arbitrary adjustment by individuals.

The system incorporates weather detectors, mixing valves and pumps; it can also take account of special requirements in areas such as Administration and OPD which are largely unoccupied at night-time and weekends.

The air heater batteries (see above) are controlled by diverter or mixing valves and/or thermostats installed within the air space of appropriate extract duct, with low-limit thermostatic control in the air input duct.

SUPPLEMENTARY HEATING

Certain areas will need supplementary heating; perhaps where the main system cannot economically provide occasional higher temperatures, or where it may be cut off during summer months. For this purpose such simple means as the "switch-on" fires in the staff residences are provided. Another example is the electric convector unit at the ward staff base.

STEAM AND STERILIZERS: FIRE MAINS

It was noted earlier that the Laundry and CSSD services are being provided from other sites in accordance with regional policy, and that the roof-top boilers provide only "domestic" hot water for space-heating, etc.

This elimination of central steam supply means that all local steam requirements have to be carefully reviewed. Occasional users (eg Mortuary) are satisfied with a self-generating worktop sterilizer. This enables the installation of autoclaves - with adequate standby capacity - to be limited to the few departments where their use is essential, ie:-

HSSU - for processing of instruments and packs for theatres and other users -

3 No. 0.4 cu metres autoclaves (one being a dual cycle unit with formaldehyde injection).

Pathology - for specialised handling of laboratory equipment and glassware -

2 No. 03 cu metres autoclaves.

Pharmacy - for area service which includes fluids and other sterile preparations -

1 No. 06 cu metres plus 1 No. 03 cu metres autoclaves.

In each department the installation includes its own facilities for steam generation, and is contained within a properly-ventilated plant room.

FIRE FIGHTING HYDRANTS

These are installed on the incoming cold water mains to suit the recommendations of the local Fire Officer. Hose-reels at strategic points throughout the building are served by the rising mains to roof storage tanks. (See later for fire alarm systems).

HOT AND COLD WATER SERVICES

Each pair of calorifiers (see earlier page) serves the needs of an appropriate zone of the hospital with water at approx 66°C pumped through a network of copper or stainless steel pipes to all user fitments. The residences have their own separate calorifier.

Fitments using hot and cold water are of the following types:-

- "Domestic" baths for general use throughout ward areas and residences.
- Free-standing pedestal baths (with supporting rails) for treatment bathrooms.
- Bidets throughout Maternity and occasionally elsewhere.
- Showers with thermostatic mixer valves, for patients and staff.
- Hand-sprays for hairwashing, etc.
- Domestic-type washbasins, some having toggle taps.
- Medical washbasins with elbow-action taps.
- Laboratory sinks (with specialised fittings) set in worktops.
- "Domestic" sink-drainer units in stainless steel.
- Sluice-sinks which may possibly incorporate a plaster trap.
- Bucket-sinks (low level) in cleaners' rooms.
- Washing machines and sinks in residences.

COLD WATER (ALSO FOR DRINKING)

In the roof of each boilerhouse there is a 90,000 litre storage tank; the four tanks are interconnected to give a total nominal capacity of 360,000 litres, which is equivalent to 24 hours' estimated consumption. Copper pipework carries this to all user fitments, as described above and below. Scale-inhibiting solution is injected into the main supply before it rises to roof level.

The residential accommodation has its own storage, served from the site mains, as also will have the psychiatric annexe.

Drinking Water is available throughout the building from ordinary cold-water taps. The roof storage tanks are suitably protected to keep the water palatable. In certain public places paper cup dispensers are provided.

Pantries in wards and other areas (see Policy No. IIC) are equipped with electric water-boilers, for local preparation of beverages.

SANITARYWARE, DRAINS AND EXTERNALS

To complete the list of sanitary/disposal fittings, the following types are installed wherever appropriate:-

- Pedestal wc pans (lower for children) with concealed cisterns.
- Bowl type urinals in male wc's.
- Pedestal slop-hoppers having hot and cold taps and flushing system. (sometimes combined with sink-unit).
- Bedpan disposers in sluice rooms.
- Waste disposal units in the two main catering areas (package) and annexes.

SOIL DRAINAGE

For appliances discharging hot water above 66°C metal pipes are used; otherwise, soil and waste drainage is collected by PVC pipework and fittings. The "single stack" system of drainage consists predominantly of vertical pipe-runs (in ducts) discharging into cast iron drains below the floor slab within the building line.

Outside the building vitrified clayware conveys the effluent into the local authority's sewer; pumping is needed from the lower parts of the site.

If necessary special arrangements can be made for the disposal of radioactive waste from isotope rooms (Pathology) into the main drainage system; this is being looked into.

RAINWATER AND SURFACE DRAINAGE

PVC pipework and fittings are used to collect the surface water above ground and convey it into cast iron drains below the building, then into an earthenware external system. Final discharge is into the local authority's sewer.

Maintenance access to all drains is provided at appropriate points in the system, internally and externally, chosen to minimise user disturbance.

MECHANICAL VENTILATION AND AIR CONDITIONING

Need The design allows for use of natural ventilation wherever possible, in the interests of general comfort as well as cost economy. Nearly all the sash and clerestory type windows are openable. Even so there are internal rooms (mainly on the lower floor) which need some form of assisted air movement. There are certain other areas from which objectionable fumes and odours have to be extracted, for reasons of comfort or safety.

On the medical side, there are various treatment rooms and the like which demand the maintenance of a clinically acceptable environment. Finally there are those few areas of high infection risk where the whole nature of the air supply has to be closely controlled. The following schedule indicates how these widely differing needs may best be satisfied.

Category A (controllable in detail, with cooling if appropriate).

Operating Theatres	- 3 pairs and 1 single, with ancillary rooms.
Isolation Unit	- 6 single rooms at distal end.
X-ray Dept	- 2 barium rooms and thermography room.
Hospital Sterile Supply Unit	- main packing area.

Category B (combined input and extract).

Recovery (whole) and ITU	- 2 single rooms.
Education Centre	- the demonstration/practice room.
X-ray Dept	- ultrasonic and accident rooms.
Pathology	- main waiting area on lower floor.
Mortuary	- 3 post mortem tables.
Medical Technology unit (whole).	
Non-resident Staff Changing areas.	
OPD	- the internal sub-wait areas.

Category C (moderate input only).

Treatment rooms (CAT.B)	- upper floor throughout.
	- lower floor in Geriatric, OPD, A and E (No. 2
SCBU	- all cot rooms.
CDS	- abnormal delivery, sitting room, general office.
Pathology	- sterile preparation area.
Mortuary	- view chapel and office.
Pharmacy	- sterile preparation area.
Education Centre	- tutor's secretary.
Medical Photography	- studio and audio/visual room.
Staff Health	- the inner consult/exam room and supply room.

Category D (extract only)

All other internal rooms including fume cupboards but not cleaners and stores.

Mortuary	- isolation pm room and isolation view.
Ortho/Fracture Clinic	- plaster and recovery rooms.
Physical Medicine	- wax/plaster room.
Hydrotherapy Unit (whole).	
Concourse	- snack bar servery.

The rooms listed above are served through suitably-placed grilles in walls or ceiling. These are mainly at high level, but extract is at low level in the postmortem rooms, sterile prep areas and formalin laboratory. Ventilation trunking is fitted within the inter-floor space or vertical ducts wherever possible. The doors enclosing certain rooms and spaces are undercut and/or fitted with louvred openings, to allow the planned (safe) movement of air towards lower pressure and extract zones.

THE EXTRACT SYSTEM

Fans are of standard types throughout the building, suitably positioned for ease of access in the event of breakdown. The following "Best Buy" considerations have influenced the layout of the system:-

a. The runs of costly trunking need to be kept as short as possible by every reasonable expedient.

b. Vertical ducts may offer direct routes to outside, ie the roof; some internal rooms may even be vented by horizontal ducts through adjacent occupied areas, if there is little risk of nuisance.

c. "Gathering" of trunking to serve adjoining areas can be carried out either in the inter-floor space, or on the roof of the building, and the fans located accordingly.

d. Ultimate discharge of any contaminated air must always be at a safe height for dispersal. The wind tunnel tests undertaken for the original design will be reviewed if necessary.

THE INPUT SYSTEM

In some instances the air being mechanically extracted will have entered through a window, but in others there must be proper input. The fresh air has to be drawn from outside, filtered, warmed if necessary (or cooled for the operating theatres), and delivered at appropriate pressure to mainly high-level grilles in user departments. Humidification is added for environmental comfort etc in the operating threatres.

The necessary controls, machinery and heating equipment (see earlier page) for air input to these specific areas are contained in Plant Rooms, which are strategically situated to keep down the length of trunking runs.

MAINTENANCE

For normal or emergency servicing in operating theatres, any one of them can be fully isolated while the remainder continue in use. Workmen can then enter from the rear street via the disposal corridor without special precautions.

As regards all other departments, facilities for ppm and repair work are exactly as described earlier under Heating Mains and Ducts. The speedy replacement of the standard type fans from stock should help to reduce interruptions to the system and inconvenience to users.

PLANT ROOMS AND SPACES

The location and size of plant rooms throughout the building is determined partly by structural considerations but chiefly by the purpose (and area) each is intended to serve. They are listed below in groups according to their main functions, but may also contain other engineering services. For environmental purposes they are treated as basically "unoccupied".

ROOM NO.	HEATING
4/19-22	(roof) - Boiler houses as already described (with water tanks over).
	VENTILATION
4/18	(roof) - Air handling plant for central treatment rooms, adjoining lift motor room.
-	(roof) - Various extractor fan housings and ducts (dispersed); also Cooling tower for theatre air conditioning plant.
4/1 A & B	- Rooms at end of Isolation Unit, with plant for clean air input and high-level discharge of contaminated air.
4/4	- Large room beneath Operating Department containing its full air-conditioning plant; also for the less elaborate needs of SCBU and CDS (first floor), X-ray and medical photography depts and certain nurse training rooms (ground floor).
4/14	- Room adjacent to Recovery and ITU with input/extract plant.
4/28 & 27	- Rooms at end of NRSC and Mortuary containing input/extract plant.
OTHER MECHANICAL EQUIPMENT AND STORAGE	
4/17	(roof) - Motor room for lifts (none needed for hoists) with maintenance access from staircase adjoining.
4/27	- Refrigeration plant for mortuary body-store.
4/6	- Heating fuel oil storage tanks.
4/11	- Oxygen storage for piped service throughout hospital.
4/40	(roof) - Refrigeration plant for catering stores.
4/23-25	- Cylinders and other plant for piped services.
4/29	- Plant for Hydrotherapy Pool.
ELECTRICAL EQUIPMENT	
8/51-52	- Telephone exchange and batteries.
4/7	- Transformer compound.
4/8	- MV Switch Gear (mains).
4/9	- HV " " "
4/42	- Diesel generator for emergency power supply.
4/2, 4/3, 4/10, 4/12, 4/13, 4/15, 4/16, 4/30-39 and 4/41 (stores area)	- Spaces for local switch gear at strategic points.

LIFTS AND HOISTS

Need: the factors relevant to assessment of two lifts for the main building have already been described in Policy No. IIA. In the geriatric annexe it seems that two more lifts are required (to include some goods service). Brief details of the equipment are given below; dimensions in mm = width x depth x height.

4 No. Lifts (identical) to BS 2655, part 3, 1971:-

Rating - 28 passengers or 2100 kg weight.

Internal Dimensions - 1600 x 2700 x 2400.

Doors - power operated, two flush panels, clear opening 1300.

Construction - sheet steel panelling with coved corners and cellulose finish; internal protective handrail and kicking plates.

Interior Fittings - push button for each level, door hold and emergency stop; alarm bell and emergency telephone; standard interior lighting and natural ventilation.

Exterior Controls - single call button and indicator; fireman's release.

Operation - Speed 0.25m/sec powered from roof-level dual motor room; standby electrical supply available by manual change-over switch.

Maintenance - access hatch and RSJ sections facilitate lowering the winding gear to first floor level for repair, etc.

Hoist A (Still Room to Staff Lounge)

Dimensions 686 x 1168 x 1524 to accommodate wheeled trolley carrying a tea urn.

Construction - generally as for Lifts.

Doors - power-operated, opening either side of the cage.

Controls, etc - no internal fittings; outside push-button at either level; voice-tube connection between levels.

Operation - low speed; winding gear at upper end of shaft.

Maintenance - access is via removable panel in wall just below ceiling height.

Hoist B (Snack Bar to Day/emergency Unit)

Dimensions 508 x 838 x 762 to accommodate six loaded trays in racks.

Other data generally as for Hoist A.

Hoist C (Pathology returns to clean-up room)

Dimensions 680 x 735 x 835

Hoist D (Isoptope waste disposal)

Dimensions 533 x 456 x 381

MEDICAL GASES, SUCTION AND COMPRESSED AIR

All these services can readily be provided by trolleys carrying cylinders and/or machines. In certain instances their use is known to be so infrequent that such methods of provision still remain perfectly adequate.

In other instances, however, and to a varying degree, there are arguments in favour of providing the service by means of fixed pipework from a central installation to wall outlets, for "plug-in" connection by the user. As such systems are expensive to provide and maintain they have to be justified on grounds of more than simple convenience. Moreover, they do not entirely supersede mobile sources, since a few of the latter must be available for standby purposes.

JUSTIFICATION FOR A PIPED SYSTEM IN CERTAIN AREAS:

a. Anticipated usage at a consistently high level

or b. Nurses' difficulty in moving heavy mobile units (cylinders, etc) from one room to another urgently.

or c. Unsuitability of mobile sources for use where sterility is vital.

The application of these criteria to each service has resulted in the adoption of piped systems, generally on the basis of one outlet for each bed or pair of beds, as shown below. Mobile sources will continue to be provided for occasional use throughout the hospital.

Oxygen (from an outside cylinder compound):-

Operating theatres and anaesthetic rooms; recovery and ITU; labour suite and special baby unit; treatment rooms throughout the hospital; resuscitation room and plaster room in a and e department; dental surgeries and recovery room.

In ward areas, the high dependency zones throughout, including "emergency" end of the Day/Emergency Unit; in Isolation Unit, the six rooms on left side.

Hydrogen & Propane - special installation for path labs. only.

Suction (pumps in plant room under ramp):-

As for oxygen, apart from minor omissions in maternity wards.

Nitrous Oxide (cylinders in plant room under ramp):-

Operating theatres and anaesthetic rooms, also ITU

"Entonox" (cylinders in plant room under ramp):- Maternity and CDS

Compressed Air (Cylinders in plant room under ramp):-

Operating theatres only - for Dental there are local arrangements.

NB Isolating Valves for piped systems are positioned in relation to areas served and suitably labelled for users' guidance.

FUEL GAS: INCINERATORS AND CRUSHER

The arrangements for using natural gas for the main heating boilers (on the basis of a tariff negotiated with the area gas board) have already been referred to on page 3. There is a need for gas to be piped to a few other areas as well, namely:-

a. Central kitchen and snack bar,

b. Pathology and pharmacy departments,

c. Dental and physical medicine departments,

d. Incinerators.

INCINERATION OF WASTE

The case for having wholly central on-site incineration is given in Policy No. IID, together with full descriptions of other disposal arrangements.

The central installation in the supply/works building is intended to cope with the hospital's total output from all sources, estimated at just over 1Kg per bed/day. This load is shared between two gas-fired incinerators each having a burning rate of 225 kg/hour and operated by portering/disposal staff. The safe discharge height for the combustion products has been confirmed by wind tunnel tests in the same way as for the boiler-house chimneys.

CRUSHERS FOR TINS AND BOTTLES

To reduce the bulk of refuse which has to be collected by the regular local authority service, tins and bottles are sorted and (separately) crushed before being placed in the final disposal bins.

The can-crusher has a capacity of 500 items per hour and the bottle-crusher will handle 1800 items per hour. Both are operated by portering/disposal staff.

ELECTRICITY SUPPLY AND DISTRIBUTION (INCL. STANDBY)

MAINS SUPPLY

The Electricity Board provides one 11 KV feeder from the national grid, terminating in an EHV switching bank.

There are two 1,000 KVA transformers in an external compound, and the necessary HV and MV switchgear is installed in suitable rooms beside the ramp.

STANDBY SUPPLY

500KVA

Diesel generating plant rated at 300 KVA is located at the rear of the stores, linked to a secondary distribution network on the recommended basis. In the event of mains failure, automatic relays can bring the generator into service for essential users within a matter of 10 secs. or so, shutting it down again when the mains are restored.

DISTRIBUTION

Within the hospital and residential area a medium voltage network from the mains switchgear serves all departmental needs, with local switchgear at appropriate points. Cables in metal trunking and conduits are carried within the same voids/ducts as other mains and services. The sub-main switch panels are located in cupboards at strategic points around the hospital streets. The final sub-circuit distribution boards are generally mounted on corridor walls.

Local distribution to special users (eg X-ray Dept. plant rooms and workshops) is suited to the equipment being used there and/or the "industrial" structure.

SOCKET OUTLETS

i. Those used outside the building are of galvanised water-tight pattern.

ii. Those used in "industrial" areas are heavy duty surface-mounted.

iii. Fused spurs are normally provided to permanent items (refrigerators etc)

iv. Everywhere else the outlets are of standard 13 amp type, with switches, flush-mounted at appropriate heights above ffl. They are so wired as to be suitable for use of mobile X-ray Units in wards, operating theatres, treatment rooms, and other clinical areas.

v. Marginal cost difference justifies providing the twin outlet fitting throughout unless there are contrary indications,eg limited use.

vi. The standard bed-head unit includes only a single outlet, but this is supported as necessary by low-level provision elsewhere in wards.

vii. Numbers of outlets for both general and special (eg laboratory) areas have been assessed on the basis that use of electrical apparatus continues to increase.

viii. Although anti-static precautions are applicable in operating theatres and other such areas, current advice is that outlets there do not need to be of the sparkless type.

ix. Some outlets in high dependency and similar areas are connected to the emergency supply system and identified by RED toggles or spot.

LIGHTING, CLOCKS AND ELECTRICAL FIXTURES

Fluorescent lighting is installed almost throughout. The ceiling-mounted or suspended fittings should give an average service value of 165-200 lux except in bed areas where the design is based on 110 lux.

Colour-correction is incorporated for all clinical users, also kitchens and certain laboratories.

Special types of fittings are chosen to meet the functional requirements of eg operating theatres, lecture theatre, eye clinic and gymnasium. In places like dining rooms the fittings have to suit the interior design.

Areas provided with ordinary tungsten lighting include WC's, storerooms, cleaners' cupboards and certain of the plant rooms.

The general lighting in wards is supplemented by adjustable wall-bracket fittings over every bed containing a shaded tungsten lamp. The bedhead unit (see next page) provides a dimmer switch for night attendance.

NIGHT-LIGHTING

The same kind of dimming facility may be associated with the ambient light controls for special user areas, eg. Intensive Therapy Unit, cot rooms in maternity department, and children's ward. This means that the installation of specific forms of night-lighting can be restricted mainly to the ward corridors and SCBU.

ELECTRIC CLOCKS

An impulse system "mastered" from the telephone switchroom, with some of the "slave" units having sweep second hands, covers suitable points throughout the hospital, notably those frequented by out-patients, staff and visitors. In wards the more limited need is generally met by providing a two-faced clock between each pair of nurses' stations.

The time-clock at the staff entrance is connected to the same system.

X-RAY VIEWING BOXES

According to user requirements for different areas these units may be single or multiple, wall-mounted or mobile. In the X-ray Department there is a special sorting bench which contains horizontally-mounted boxes.

HEATED LOTION CUPBOARDS

The need for these in specific areas has been carefully assessed and the sizes have been rationalised as far as possible.

REFRIGERATORS

This is another category of equipment which occurs fairly generally throughout the hospital and lends itself to rationalisation. Although the compression types may be slightly more noisy they do have operational advantages. Cold rooms for storage of food etc. and the body store in Mortuary, are of course specialised installations.

DANGEROUS DRUGS CABINETS

These are installed at staff bases and similarly supervised locations; they are fitted with appropriate warning lights, etc.

COMMUNICATIONS - RADIO, NURSE CALL, ETC.

PATIENTS' BEDHEAD UNITS

Each of these wall-mounted units contains (in addition to the lighting control switch and 13 amp socket outlet already noted) a push-switch with lamp for patient/nurse call and a pull-switch for nurse/nurse call. A separate handset containing the patient's call and other controls can be issued to individuals as required. The unit is also wired for transmission of sound (through lightweight earphones) on a total of 7 channels, with appropriate handset controls but some may be reserved for later (eg TV) use.

RADIO AND TELEVISION FACILITIES

A central aerial is installed for reception of all sound and vision broadcasts. Radio sound, including the hospital's own channel - which can take services from the Chapel - is relayed to bedhead units and day-rooms throughout the hospital. Television socket outlets are installed in communal and certain teaching areas. The staff residences may be served from this central source or their own local aerials as appropriate.

A small broadcasting studio adjoining the Library contains the master console for all internal transmissions. It includes microphone and record-playing facilities for use as desired, and these are capable of being extended.

Conduits and service ducts also allow space for possible expansion of the wired services. For instance, closed circuit TV between selected points may in due course become a worthwhile addition.

NURSE CALL SYSTEMS

Orthodox lamp and buzzer arrangements link the nurses' workplaces with all the patients' areas, including toilets, etc. Reset buttons are provided at suitable points, ie near the entrances to toilets and day-rooms but otherwise on each bedhead unit. There are additional facilities for the nurse to summon help in emergency. This system also covers incubator alarms in the SCBU.

STAFF LOCATION WITHIN ENTIRE PRECINCT

There is an induction loop or VHF system controlled by the telephonists and operating the standard pocket-paging "bleep" receivers. Up to 100 individual users can be accommodated: different tones are used to convey different requirements or degrees of urgency. Five of the receivers are equipped with "talk-back" facilities in addition, for issue to key staff when on standby.

DIRECT SPEECH LINKS

These are provided to supplement normal telephones in the following places:

- "Highly Infectious" Section of Isolation Unit - between either of the nurses' stations and each of the six individual bedrooms, reducing the need for staff to enter possibly infective areas.

- Intensive Therapy Unit - linking nurses' station and single rooms with the staff rooms nearby, for summoning urgent assistance.

- Two Catering Service Hoists - between upper and lower levels, to permit ordering of meals and beverages.

TELEPHONES: FIRE AND OTHER ALARM SYSTEMS

"Present worth" evaluation of alternative telephone systems has to take into account not only the anticipated future use of outside lines, which are automatically obtainable on the PABX type of installation, but also the numbers of operators likely to be required for a PMBX/PAX dual system.

In the light of these factors a PABX3 installation has been adopted, incorporating both internal and external dialling facilities. The system provides 30 incoming lines and about 600 extensions with space for expansion. A full schedule of extensions is being prepared from room data for reference; about 2/3 of them may initially be "barred" from direct external use.

In a few special locations the instrument has to be wall-mounted. There are a number of plan 107 sets, but more elaborate internal sub-systems are required in the Operating, Pathology and X-ray Departments.

The need for direct outside lines (eg to the ambulance depot) has still to be examined. Administrative aspects of the service, including staffing, are dealt with in Policy No IIH.

Public Call-Box (coin-operated) facilities with appropriate outside lines are available as follows:-

Ward areas - trolleys which can be plugged into suitably-positioned jack sockets and then wheeled to any bedside or day-space position.

Elsewhere for general use - a total of about 15 booths/fitments with acoustic hoods in suitable locations eg staff lounges, concourse and other waiting areas. Similar provision is made in entrance halls to residences.

FIRE ALARMS

Within the main building, individuals who have to initiate an alarm must use the hospital telephone system. The switchboard operator continues the process by calling the fire brigade and duty officer, then alerts staff in the vicinity according to standard procedure. To supplement this personal system, fire detectors of the thermal type are installed in boiler houses, flammable and corrosive materials stores, with smoke detectors in the records store, supply and works building and ventilation plant rooms. There are also automatic door closers on the smoke detection principle for each set of doors in the streets. In the residences there are standard push-button alarms and bells, interlinked with the overall monitoring in telephone switchboard room.

OTHER ALARMS

These are of automatic type, mainly registering on the central multi-light indicator panel. They cover such vital services as medical gas and vacuum pressures, blood bank and cold room temperature levels, the boiler plant, and security drug storage in the Pharmacy. In addition to the central alarms, there are local alarms for all these services; special arrangements obtain in the case of operating theatre plant.

Local alarms only should suffice in the case of equipment which is specifically related to departmental use, in places like wards and emergency treatment areas which are generally manned on a 24-hour basis.

NOISE CONTROL: LIGHTNING PROTECTION

The integration of energy sources within the hospital building demands extra care to ensure proper attenuation of noise, also to avoid vibrations from plant, etc. being transmitted to occupied areas. The tin and bottle crushers (see earlier) are sufficiently remote to present no noise problem.

There may be a chance of some external noise arising from the two major roads flanking the site but probably not enough to necessitate special treatment for the wards or parts of the residential accommodation. Such matters will all receive proper attention.

INTERNAL ACOUSTIC TREATMENT

Within the hospital, the sound reduction values of walls and doors are generally in accordance with the recommendations in Design Note No. 4. A few rooms require additional treatment in this respect, as follows:-

Accident and Emergency child wait and child exam. rooms
Medical Records - the machine room.
Geriatric Unit - two single rooms at the high dependency end.
Labour Suite - two first stage rooms near staff base.
Intensive Therapy Unit - wall adjoining staff dining room.
OPD - the audio clinic room.

LIGHTNING PROTECTION

For all buildings the system adopted incorporates the architectual aluminium edging strip around the perimeter of the roof. The bonding of this strip takes in the chimneys and aerial masts as well. Down tapes and earthing rod conductors will complete the system to a standard which has to be approved by the Electrical Research Association because of its special features.

CENTRAL DICTATION

This is not thought to be sufficiently economic for inclusion in "Best Buy" and the service will normally be provided by means of tape machines. However, pathologists carrying out post-mortems will be able to dictate into foot-switched microphones connected straight to their own department's secretariat.

KINGS LYNN "BEST BUY" PLANNING POLICY NO IIC

CLEANING/HOUSEKEEPING : MAINTENANCE : WORKS DEPARTMENT

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Annexe - Schedule of Ward Housekeeping Duties.	

REFERENCES:

BN 18 (Admin Department) and BN 34 (Works Dept)
IBSG "User Requirements" Section A
"Relieving Nurses of Non-Nursing Duties" (CHSC Report, 1968)
HM(68)96 on Training of Ancillary Staff
HM(69)49 and WP Report on Training of Domestic Staff
HM(71)67 and the Woodbine-Parish Report
HTM 12 and 13 - Planned Preventive Maintenance, &c
"EBME Maintenance" - IBSG's draft report (June 1971)
HM(72)16 and Advice Note No 1 Cleaning Frequencies

FILE REF: J/H189/24
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GENERAL

Arrangements for all types of cleaning and maintenance need to be as well-organise as any of the other supporting services, in order to make effective use of staff and avoid interfering with patient-care. Among the features which can contribute to these objectives are:

- A design which provides cleaners' rooms and other service facilities in the most suitable locations throughout the hospital.

- Scheduled cleaning by regular teams, perhaps outside normal working hours.

- Building materials, fittings and finishes chosen for ease of maintenance. (The way these relate to the environment is described in Policy No IIK).

- Use of planned preventive maintenance systems wherever possible.

WARD HOUSEKEEPING

The effective deployment of nursing skills will be helped by the features mentio above and in later policies. As the CHSC Report on "Relieving Nurses of Non-Nursing Duties" indicated, there are advantages in planning for the adoption of a properly-integrated housekeeping service. This was done for the Mark I desi and has been continued in Mark II. Of course its effectiveness will depend on assessment of overall staff complements and revenue consequences in the individua case. Exceptionally, if an alternative system is preferred, the design may be ta as permitting its adoption.

STAFF TRAINING should comprise the following methods:-

a. simple induction courses in Education Centre for all new entrants, organised by Administration to familiarise them with the layout and working of the hospital:

b. occasional lectures in Education Centre organised by Domestic Superintendent to introduce new techniques or equipment to large groups of staff;

c. on-site instruction, generally by supervisors, using whatever room or working area may be most convenient for small numbers (eg the bulk equipment store or ward seminar rooms).

THE PURPOSE of this policy document is to describe the accommodation, staff and principles involved in carrying out the following functions:

- Maintaining an acceptable standard of cleanliness and hygiene throughout the hospital at all times.

- Domestic (cleaning) aspects of preventing cross-infection.

- Housekeeping support for the nursing services.

- Regular upkeep and repair of the building fabric, fittings and furniture.

- Regular upkeep and repair of the engineering plant and mains.

- Remedying breakdowns in such services as quickly as possible to minimise disturbance to the hospital's patient-care arrangements.

ORGANISATION OF CLEANING/HOUSEKEEPING SERVICES

(NB. Comparisons between direct labour or contracted schemes should not be affected either way by the principles described below).

The likelihood of a Group Domestic Manager being appointed to co-ordinate and advise on policy throughout the Group has been taken into account in formulating the policies described here; but the "package" as planned does not include any group offices.

MANAGEMENT AND OFFICES

The Domestic Superintendent should have an office conveniently near the other administration offices in order to facilitate liaison and mutual understanding on policy matters. In "Best Buy" the office is close to the staff entrance and changing rooms as well, which makes supervision easier. (Clocking-in arrangements are available at the staff entrance if required).

Adjacent rooms are provided for the Assistant Domestic Superintendent(s) and for clerks. There are waiting and interview areas nearby for use as required, also a seminar room. Secretarial and duplicating services are available from the common administration pool - see Policy IIH.

The Domestic Superintendent is responsible to the Group Domestic Manager (and reports to the Hospital Secretary) for the planning, organisation and budgetary control of cleaning services throughout the hospital; for co-operation with the Control of Infection Officer; and for training of staff in appropriate cleaning methods and use of equipment. This responsibility is exercised through the Assistant Superintendent(s), the Housekeepers and the Supervisors in charge of their teams at ward/department level, involving day-to-day liaison with the heads of those departments. Procedures, for instance, will need to be kept up-to-date.

HOUSEKEEPING LIAISON (WARDS)

Although housekeeping staff would be on the domestic establishment, it is desirable that the Senior Housekeeper responsible for 136 beds (or equivalent) should work in close association with the Grade 7 NO. At basic level the sister maintains full clinical control and will liaise with the Housekeeper on the organisation of work. Any problems that might arise in such a situation would have to be dealt with jointly by their superiors. A schedule of duties is annexed to this policy.

Hours of duty are expected to be from breakfast time until the evening beverages are finished, but this is a matter for local arrangement.

OTHER DEPARTMENTS

While the inpatient areas are thought to offer most scope for a proper housekeeping organisation the possibility of its adoption in other patient-care departments should not be ruled out. One of the main deciding factors will be the amount of sub-clerical/orderly work involved, on top of the straightforward cleaning requirements. The schedule of duties (see Annexe) is capable of adaptation.

CLEANING MATERIALS - general supply arrangements are described in Policy IID.

SERVICE FACILITIES FOR WARD AREAS

Full descriptions of the supply and disposal arrangements - including catering - are given in other relevant Policies: much of their efficacy will depend on the complementary housekeeping organisation. The sketch below illustrates the layout of ancillary rooms &c. on the inner side of the corridor serving one of the standard 34-bed sections. The 6-bed bays are on the outer side. Main features are:-

HOUSEKEEPER'S OFFICE - this is the focal point for domestic management of a unit (about 4 x 34 beds or equivalent) and liaison with the Grade 7 NO.

MAIN CLEANER - this room is provided with all necessary fittings (including high and low level sinks) and equipment for the daily cleaning of a pair of ward sections (ie 68 beds).

SEMINAR - this too serves the pair of sections: it is intended to be used for local teaching purposes by all categories of staff, including the domestic supervisor whenever necessary.

PANTRY - again for 68 beds, this provides appropriate local facilities to support the service of main meals and beverages from the central kitchen. Stocks of crockery held will normally be quite small, to meet occasional needs.

DISPOSAL - the normal functions of sluice/disposal room and flower bay for 34 beds are combined in this double area, which permits of staff entrance from the ward side and porter's entrance from the link corridor.

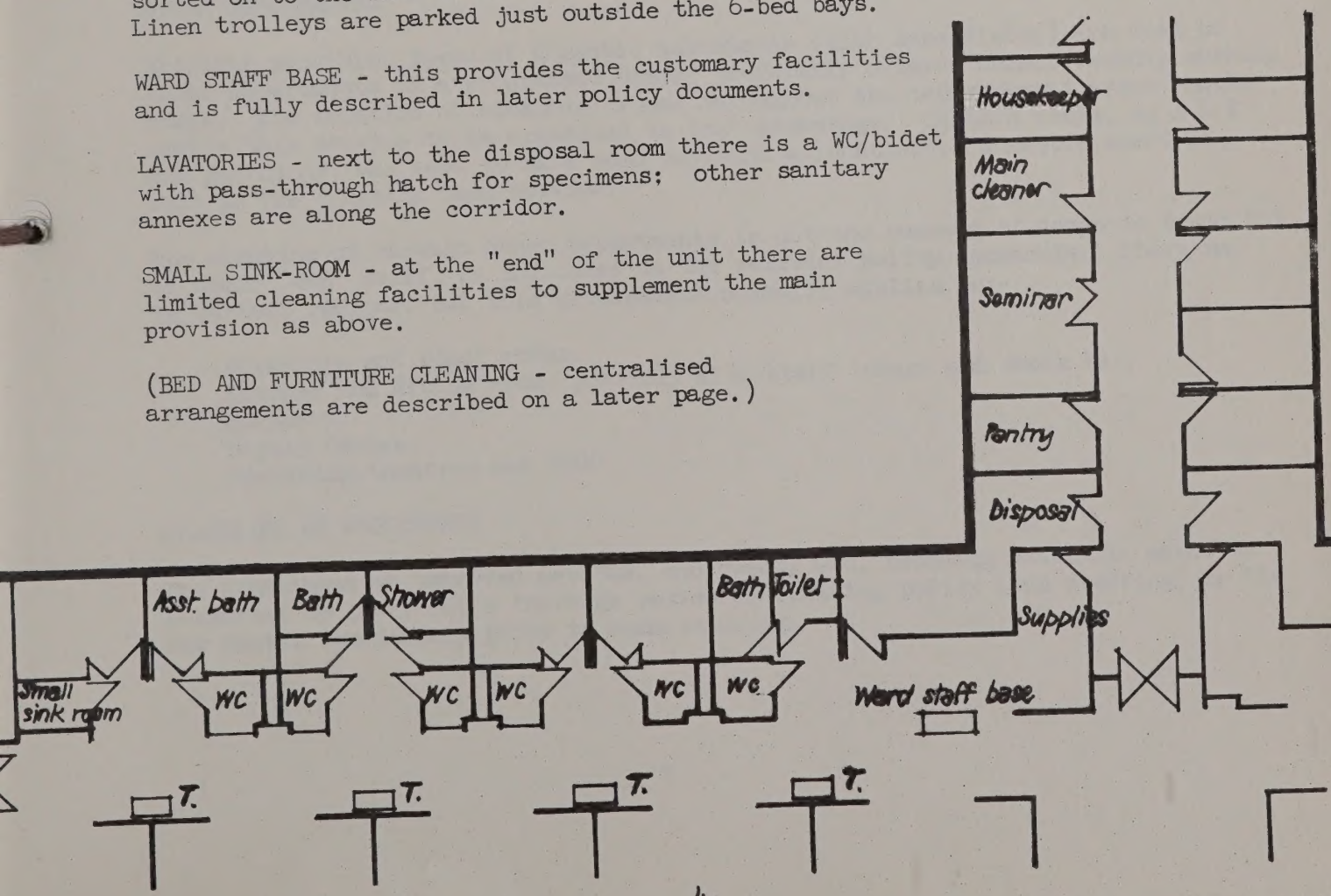
SUPPLIES - this area too is entered from outside the ward, clean deliveries being sorted on to the shelves and storage units for ready access from the staff base. Linen trolleys are parked just outside the 6-bed bays.

WARD STAFF BASE - this provides the customary facilities and is fully described in later policy documents.

LAVATORIES - next to the disposal room there is a WC/bidet with pass-through hatch for specimens; other sanitary annexes are along the corridor.

SMALL SINK-ROOM - at the "end" of the unit there are limited cleaning facilities to supplement the main provision as above.

(BED AND FURNITURE CLEANING - centralised arrangements are described on a later page.)



PROGRAMMED CLEANING BY TEAMS

The specialised wall-washing and window-cleaning tasks are referred to later under "Building Maintenance".

In ward areas the ordinary cleaning routines are undertaken by local staff at convenient times during the day. Equipment for this purpose is kept in the main cleaner's room, and there is also the small sink-room at the distal end of each 34-bed unit.

Elsewhere, to avoid disrupting the hospital's daytime activities and make most effective use of labour, the major cleaning tasks must be done in accordance with a programme which provides for some evening and weekend working. A full list of recommended cleaning frequencies has recently been published; certain of its features are outlined below.

STREETS, LOBBIES, CONCOURSE AND OTHER PUBLIC AREAS

A 2-man team on regular (evening) duty carries out daily cleaning, polishing and low dusting, weekly high dusting of walls, and occasional stripping and repolishing of PVC floors. The heavy equipment for this purpose is stored and maintained in Room 7/25 (Supply Centre).

WARDS AND CORRIDORS

The daily routines are mentioned above and on the next page.

Weekly maintenance teams carry out high dusting of walls and scrub/polish floors: also the occasional stripping and repolishing of floors.

OTHER DEPARTMENTS

Wherever possible, teams of domestic assistants (with supervision) are used to clean departments on a programmed basis, preferably outside normal weekday working hours. The location of cleaners' rooms throughout the departmental areas should enable this service to be organised to best advantage. Certain users, eg A & E and pathology, may need to have some day-time allocation of domestic staff as well as the cleaning team service.

The cleaning of certain other departments is not the concern of domestic teams but of their "own" staff, as indicated in the relevant policy documents. There may be various reasons, but this arrangement normally applies to:-

Workshops and plant rooms.
Kitchen and dining room, possibly also staff lounge and snack bar.
Mortuary.
Supply Centre.
Operating theatres and HSSU

UP-DATING OF PROCEDURES

The likelihood of improved methods, equipment, etc, becoming available makes it essential to carry out a thorough review of cleaning policy (and staffing) in the few months immediately prior to commissioning.

DOMESTIC STAFF

A suitable formula for assessing the work-load described in the foregoing pages, and thus the basic staff ratios, might be expressed as follows:-

WARD AREAS: NORMAL DAILY/WEEKLY CLEANING

By derivation from figures published in the "Guide to Good Practices", in relation to "Best Buy" average area per bed (c 25 sq m), a cleaning requirement of about 3.5 hours per bed per week is obtained.

WARD AREAS: HOUSEKEEPING

If the patient-orientated - ie "nursing auxiliary" type - duties are excluded from the annexed list (and account is taken of the fact that in a new hospital the wards are larger and better-equipped than the general average) it is estimated that about 4 hours per bed/week should be needed under this heading.

OTHER AREAS: PROGRAMMED CLEANING

For offices and the like the commercial standard is 1,000 sq ft per hour, for whatever days per week the accommodation is in use.

For such special areas as theatres half this rate should be adopted.

For staff residences, an average of 2 hours per bed/week is appropriate.

By applying the above standards throughout the hospital and adding suitable reserves for leave and sickness it is possible to arrive at a total requirement in terms of hours per week This converts into whole-time equivalents for staff in the basic grades.

SUPERVISORY STAFF

The management superstructure necessary to ensure effective performance of every team's duties and achievement of objectives cannot be arbitrarily determined. It will be influenced by availability of funds, standards of recruitment, extent of cover for abnormal working hours and holidays, and type of liaison with nursing grades. The sphere of responsibility for a senior housekeeper/domestic supervisor may comprise up to 136 beds or equivalent. Total numbers may justify including assistant superintendent(s) between this level and that of the Superintendent. These are matters for discussion with the Department's advisers at a suitable time.

STAFF FACILITIES

Changing rooms, catering and all the other facilities provided within the hospital are described in Policy IIF. Special attention should be drawn to the services of the staff health clinic. Any allocation of residences would be in accordance with the HMC's overall policy.

CLEANING/DISINFECTION OF BED AREA FURNITURE

At the entrance to the Operating Department there is a bed-cleaning area. Policy VB indicates that patients may be brought from the wards on trolleys, but it is thought preferable for them to remain in their own beds until arrival at the transfer zone. Each vacated bed can then be cleaned and made ready to receive the patient for post-operative care.

CENTRAL FURNITURE CLEANING UNITS

The provision of a full bed-exchange service has not been included in "Best Buy" planning. However, on each floor there is a simple unit giving reasonable facilities for the cleaning of beds and associated furniture. The staffing of these units will be a matter for local arrangement.

On the upper floor, to serve the acute and maternity beds, the unit is located midway along the right side street. The ground floor unit is located off the rear street opposite pathology: it is quite close to the isolation and geriatric departments in the package, but also accessible to the geriatric and psychiatric annexes.

Each unit comprises a linked pair of rooms with full cleaning facilities as recommended in the User Requirements study. Main functions are:-

- Receiving dirty articles and carrying out any necessary stripping-down

- Washing and drying by suitable means.

- Reassembly, checking and despatch (to user area or holding store).

FURNITURE HOLDING STORE

The inpatient areas offer very limited storage space for beds and other items not in regular use. The intention is that ward staff should be able to requisition whatever items (of general or specialised nature) they may need to supplement or replace their ordinary bed-area stocks. It follows that after such temporary use the items must be returned, to be overhauled and then held for re-issue. Within the supply centre (see Policy IID) there is an "emergency call store" intended to contain a wide range of items - mainly consumable goods - that might be needed at short notice. To complement that provision, a holding area for a modest reserve of beds and other ward furniture has been grouped with the ground floor cleaning unit. While its use may be quite flexible the repair function is NOT meant to be included (see next page).

MAINTENANCE OF "LOOSE" EQUIPMENT

It is essential to have a speedy, straightforward procedure for condemning and disposing of any non-repairable items of furniture and equipment, the accumulation of which may otherwise tend to frustrate the dynamic use of storage space.

Such repairs as are within the various craftsmen's capabilities can be undertaken in the Works Department - this applies particularly to furniture.

As regards specialised equipment, manufacturers/suppliers are expected to cover the regular inspection and maintenance of their products, and to provide an urgent repair or replacement service in emergency.

ELECTRO-MEDICAL EQUIPMENT

In accordance with latest guidance the works department includes a fully-equipped workshop in which complex electronic equipment may be serviced by qualified technicians. There will have to be liaison with the nearby HSSU for cleaning/ sterilization of certain removable parts of such machines.

Subsidiary local facilities for equipment maintenance are provided in the Operating Department , ITU and Pathology . There is also a medical technology (research) unit which is likely to have functional associations with the electronic workshop.

THEATRE INSTRUMENTS AND HSSU

The Hospital Sterile Supply Unit will process all instruments and packs for the operating department and similar users (see Policy IID). Its location in the stores block is only a ramp's length away from the major user; this move was influenced by the need to make it "detachable" should its functions ever become absorbed into those of the CSSD.

MOBILE X-RAY MACHINES (SEE POLICY NO. VE)

Minor servicing of any such machines has to be carried out by X-ray technicians, for which purpose the machines must be brought from their normal parking/recharging sites to the X-ray department.

FIRE -FIGHTING EQUIPMENT - arrangements for regular checking and servicing are made by the designated hospital officer (usually an engineer) with the local fire brigade.

HEAVY CLEANING EQUIPMENT - this is maintained in its own special store, as mentioned earlier.

SUPPLY AND DISPOSAL "FLOATS" - these too are normally expected to be serviced in their parking place in the supply centre (see Policy IID).

OUTDOOR VEHICLES - are referred to on a later page.

BUILDING AND ENGINEERING MAINTENANCE

As noted in Policy IIB, the design allows for ready access by works staff to all engineering ducts, mains and installations. The system of planned preventive maintenance (see TM13) goes a long way towards safeguarding the hospital's vital services against sudden breakdown, but prudence demands that it should be supplemented in the following ways:-

- there is always reserve boiler capacity for heating purposes;
- other major service installations include some standby provision;
- emergency generating plant covers the possible failure of electricity mains;
- a nominated engineer is expected to be on standby duty at night-time and weekends, with maintenance craftsmen available throughout the 24 hours.
- contractors for specialised plant and machinery are required to give prompt attention to maintenance requirements.

"ESTMANCODE"

A comprehensive series of guidance documents is in course of preparation under this general heading. Eventually it will take in the above engineering maintenance aspects as well, superseding TM13. But initially the emphasis is likely to be on building maintenance, where the need to set up an effective organisation appears somewhat greater.

The "Best Buy" design naturally aims to facilitate these objectives, eg by co-ordinated allocation of offices and services in the Works Department. When determining such provision it has been assumed that the HMC will follow the customary practice of contracting out such specialised tasks as window-cleaning, high wall-washing and major servicing of the building fabric, according to an annual programme drawn up to suit the needs of particular departments.

FEATURES OF THE STRUCTURE AND FINISHES

The use of certain areas (eg kitchens, theatres, post-mortem rooms) gives rise to a need for frequent washing-down; walls and floors are therefore surfaced with tiles or terrazzo, based on solid partitions. Flooring elsewhere should be mainly PVC, which is hard-wearing and easy to maintain, but there is a growing preference for the amenity value of carpeting in non-clinical and general public areas. The principle of washability is maintained for walls and ceilings throughout the hospital, which are either spray-finished or vinyl surfaced. The staff residences may have more domestic-type finishes on walls and doors. Other internal doors have a permanent surface according to the MDB specification.

Protection of walls and doors against damage by mobile equipment has received special attention; it involves the use of plastic strips along corridor walls, metal plates on exposed corners, appropriate door-checks, &c.

The outside walls of the building have a sprayed-on protective finish requiring little attention. The window frames are in anodised aluminium; the wooden sub-frames together with the external doors will require periodic retreating with black preservative. Rain water heads and drainpipes are in PVC. If a "beanstalk" type of elevating platform is provided it should help the task of external maintenance.

UPKEEP OF ROADS AND GROUNDS

Sweeping and tidying-up around the precinct generally is undertaken by portering/ disposal staff.

Servicing of lights, directional signs and other outdoor "furniture" is undertaken by appropriate tradesmen from the Works Department; the mobile elevator platform may be used for maintenance of lamp standards.

Roadworks - other than those of a very minor nature - should be let out to local contract. The builder's yard adjoining the workshops area is intended to hold only day-to-day stocks of common materials for repair purposes.

Management of car-parking facilities generally rests with the Head Porter.

VEHICLES - there is no provision for garaging or maintaining hospital vehicles; the main transport HQ is expected to be elsewhere (see Policy No I). Such minor allocation of vehicles as the hospital may have for local use should be serviced and repaired by arrangement with a local garage, not by Works Department staff. The electric "floats" used for supply and disposal purposes have been mentioned on an earlier page.

FIRE-FIGHTING ACCESS - it is a management responsibility to ensure that the roads provided to enable fire-fighting vehicles to drive up to any part of the buildings are always kept clear of obstruction.

GARDENING EQUIPMENT AND STORAGE

There is a gardener's store at the rear of the hospital, between the ramp and the Mortuary entrance. It should hold all but the largest items of equipment, but of course is not meant for plant propagation, &c. Handmowers and wheelbarrows can be taken via the hospital street into any of the courtyards, subject to users' convenience. This is described in Policy No IIA, as also are the amenity factors (planting, &c.) for best use of this attractive site.

In view of the large numbers of trees, the possibility of arranging an annual contract for pruning &c. should not be overlooked.

Major equipment is likely to include a leaf-sweeping machine as well as the tractor and gang-mower for large grassed areas. This will have to be stored in the builders' compound beside the supply/works block.

"ESTMANCODE" - the proposed code of practice for estate management will no doubt cover the above aspects more thoroughly in due course.

WORKS DEPARTMENT ORGANISATION

The Group Engineer is in overall control of the Works Department, and in accordance with the Administration policy for co-ordination of all group functions his office will be located at Group HQ. He covers a wide range of responsibilities, some direct and others by delegation (eg fire precautions).

OFFICES

In the Works Department proper there are offices for the Hospital Engineer and the Building Supervisor. Shared between the two there is a large room intended for storage of drawings, &c and for necessary clerical support in the management of planned preventive maintenance systems. (The admin offices for the Stores Department are also in this vicinity). These two senior officers will supervise the work of their respective tradesmen and co-ordinate that work as necessary.

The Department is virtually self-contained, with its own entrance, time-clock and customary staff facilities. Its responsibilities cover the whole of the dgh, ie "package" and annexes: they may even extend to peripheral units, but the suggested staff complement (see next page) is based on the needs of the dgh alone.

WORKSHOPS

Along the open side of the building, each with double doors for delivery of raw materials, are separate workshops for each of the main trades, ie:-

Electricians
Painters
Fitters (Plumbers)
Carpenters

In addition there is a shop without outside doors for Electronics.

NB. the policy of contracting-out capital works means that fixed plant is limited as mostly portable tools (including welding plant) should serve for ppm and minor repairs.

STORES

Ordering, checking and custody of equipment and materials needed for building and engineering maintenance is normally the responsibility of the Works Storekeeper, under the direction of the Group Engineer. The Supplies Department may advise if required.

Beyond the main works store and its associated open compound there is a separate building to house the incinerators and crushers for refuse disposal.

Cleaning of the various workshops, stores and plant-rooms throughout the building has to be undertaken by Works Department staff.

WORKS STAFF

Subject to agreement with the hospital authority and time allocations related to planned preventive maintenance, a suitable establishment might be as follows:-

Hospital Engineer		1
Assistant Engineer		2
Building Supervisor		1
Works Assistant		1
Electrical Craftsmen	(Grade 5)	3
" "	(Grade 4)	8
" "	(Grades 1 & 2 semiskilled - Total)	6
Mechanical Craftsmen	(Grade 5)	3
" "	(Grade 4)	8
" "	(Grades 1 & 2) Semiskilled - Total)	6
Painters		4
Carpenters		4
Plumbers		3
Bricklayer		1
Storeman		1
Labourers (Semiskilled Grade 1)		2
		54

NB Electronics Section not included - Staffing will depend on assessment of area service by the RHB

STAFF FACILITIES

Associated with the workshops there is a male staff toilet shower and locker room Further showers are available in the central staff changing rooms in the main block, where the regular exchange of overalls may also be provided for (see Policy No IIF)

It is expected that the majority of works staff will make use of central catering arrangements (snack bar or dining room). For preparation of beverages and minor snacks there is a mess room in the workshops area.

First Aid requirements during normal working hours are meant to be organised through the Staff Health Clinic.

SUGGESTED WARD HOUSEKEEPING DUTIES

Annexe to KBB Planning Policy No. IIC

This schedule has been derived from Appendix IV to the CHSC Report, but the duties are grouped and interpreted in terms of the main Best Buy policies. In due course the lists may be subject to revision in the light of other guidance, when this comes to be published by the Department. The routine cleaning duties need not be described in detail because they always fall to domestic staff anyway. Nor is there any attempt to allocate the non-nursing duties between different grades of staff, although it is clear that the clerical type ones would mostly fall to the assistant housekeeper leading the team.

Cleaning and Maintenance (this Policy)

1. Routine cleaning and tidying of floors, walls, patient-area, furniture and fittings, stores, pantry, sluice and sanitary annexes.
2. Dealing with flowers; washing, filling and distribution of water-jugs and glasses.
3. Making arrangements for cleaning/disinfection of beds and furniture; requisitioning special items.
4. Checking condition of services, equipment and ward fabric; liaison with Works Department on periodic maintenance, repairs and replacements.

Supply and Disposal (Policy IID)

5. Liaison with Supply Department on imprest levels (initial and updated), timing of deliveries and collections, emergency needs, etc.
6. Receiving the bulk linen trolley and distributing stocks of clean linen to their points of use, eg. the trolleys outside 6-bed bays.
7. Receiving, checking and putting away, deliveries of various ward stores and equipment (excluding drugs and the like).
8. Collecting the returnable items and refuse of all kinds; then sorting it into appropriate receptacles in the disposal room.
9. Fastening up the bags of dirty linen - with seals if necessary - and taking them to disposal room to await porters' rounds.

Catering (Policy IIE)

10. Liaison with Catering Officer on stocking of ward pantry, completion of patients' menu forms, timing of services, etc.
11. Distribution to patients the individual meal-trays and beverages received on trolleys from the main kitchen.
12. Collecting all used items afterwards for return to central wash-up.
13. Preparing occasional beverages etc. in ward pantry, then washing up the small "local" stock of crockery.

Administration (Policy IIH)

14. Recording and storage of patients' property on arrival (special provision is made for suitcases).
15. Liaison with Patient Services Officer on custody of valuables and disposal of deceased patients' effects.
16. Urgent errands to other departments (eg. Pathology) outside the normal messenger rounds.
17. Attending to official telephone calls, which may include messages for nursing staff; sorting, distributing and redirecting mail.
18. Assisting with the preparation of forms, certificates, registers, etc, maintaining the various ward records; supervising notice-board.
19. Making arrangements for patients to attend other departments if so prescribed.

Medical Records, etc (Policy IIJ)

20. Clerical duties related to reception and discharge (including death) of patients; arranging for ambulance transport, follow-up appointments, etc.
21. Completion of daily bed return, and other such liaison with admissions office on statistics.

General Assistance (Policy IIK)

22. Attending to patients' visitors, including arrangements for overnight stay when necessary.
23. Stripping and making unoccupied beds.
24. Advising patients in use of radio headset, telephone trolley, wardrobe locker, etc.
25. Escorting patients, helping them to walk, dress and undress, putting them to bed.
26. Distributing and collecting wash bowls and mouth-washes, including handwashing after use of bedpan.
27. Collecting, cleaning, replenishing and distributing thermometer holders.

SUGGESTED WARD HOUSEKEEPING DUTIES

This material has been derived from Appendix IV to the CHSC Report, but the duties are the reflect to reversion in the light of other practice, when this comes to be published. Alterations will be forwarded early anyway. Not to there any attempt to allocate the non-nurse would actually fall on the assistant housekeeper leading the team.

Cleaning and Maintenance (Policy Policy)

1. Routine cleaning and tidying of floors, walls, patients-area, furniture and fittings
2. Dealing with flowers: washing, filling and distribution of water-jugs and glasses
3. Making arrangements for cleaning/disinfection of beds and furniture; requisitions
4. Checking condition of equipment, equipment and ward fabric. Liaison with works

Supply and Disposal (Policy TIM)

5. Liaison with Supply Department on improved levels (initial and updated), timing of
6. Receiving the bulk linen trolley and distributing stocks of clean linen to units
7. Receiving, checking and putting away, deliveries of various ward stores and equipment
8. Collecting the reusable items and return of all kinds. Then sorting it into
9. Separating up the bags of dirty linen - with seals if necessary - and taking them

Catering (Policy TIM)

10. Liaison with Catering Officer on stocking of ward pantry; complaints of patients'
11. Distribution to patients the individual meal-trays and beverages received on trolley
12. Collecting all used trays afterwards for return to central wash-up.
13. Preparing occasional beverages etc. in ward pantry, then washing up the small

Admission (Policy TIM)

14. Recording and storage of patients' property on arrival (special provision is made
15. Liaison with Patient Services Officer on control of valuables and disposal of dec
16. Urgent messages to other departments (eg. Pathology) outside the normal messenger
17. Attending to official telephone calls, which may include messages for nursing staff
18. Assisting with the preparation of forms, certificates, registers, etc., maintaining
19. Making arrangements for patients to attend other departments if so prescribed.

Medical Records, etc (Policy TIM)

20. Clerical duties related to reception and discharge (including death) of patients
21. Completion of Daily bed return, and other such liaison with admissions officer and

General Assistance (Policy TIM)

22. According to patients' wishes, including arrangements for overnight stay when
23. Stripping and making unoccupied beds.
24. Assisting patients in use of radio headset, telephone trolley, wardrobe locker, etc
25. Escorting patients, helping them to walk, sores and unrest, putting them to bed.
26. Distributing and collecting wash bowls and bath-water, including measuring
27. Collecting, cleaning, replenishing and distributing thermometer holders.

KINGS LYNN "BEST BUY" PLANNING POLICY NO IID(i)

THE SUPPLY AND DISPOSAL SYSTEM (INCL. STORES)

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REFERENCES:

IBSG "User Requirements" Section A.

Greenwich District Hospital: O and M Report on Space for Main Stores (May 1968)

HM(66)69 and Report on Hospital Supplies Organisation, together with HM(67)95.

Project Team's Report BB3 on Evaluation of Planning and Design.

"Supplies in a New DGH" (NCB Team Report, 1970)
Management Services Reports Nos 1 (General) and 6 (Linen Services).

File Ref. J/H189/05
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OBJECTIVES

Whatever supply and disposal system may be chosen to suit a particular type and size of hospital design, it should satisfy the following criteria :-

Simplicity - for ease of understanding and operation by the staff at either end of the "pipeline", without constant supervision.

Reliability - to discourage hoarding by inspiring confidence among users that their normal and emergency needs will always be quickly satisfied.

Flexibility - ie being able to continue the optimum use of equipment despite any changes in methods, types of goods, levels of consumption, etc.

Economy - both capital and running costs depend upon effective control of stockholding and staffing levels throughout the system.

Security - ie the safeguarding of any high-risk (eg dangerous drugs) or easily-damaged goods, whether in transit or in store.

Control of Infection - this involves preserving the sterility of clean supplies on one hand and preventing contamination from waste material on the other.

THE PURPOSE of this policy document is to describe relevant features of the Best Buy supply and disposal system, with its widespread influence on the efficiency of the hospital, for the benefit of those who operate it and those who depend upon it.

As regards the relationship with any off-sited industrial services, it was noted in Policy No I that the organisation and management of the "internal" system must be compatible with the policies for those services as determined by the RHB.

The main categories of goods with which this document is concerned are the "consumables" as listed in the NCB report of March 1970. Certain specialised users may also depend upon electric tugs and trailers for conveying their goods about the hospital, but the services they provide will be described in later policies - No IID(ii) for Pharmacy, HSSU and Linen, and No IIE for Catering.

BASIC PLANNING CONCEPTS

A fundamental supply and disposal concept for "Best Buy" was that it should involve the dynamic use of storage space at all stages of the process. This meant adopting mainly topping-up procedures and a kind of "pipeline" system for meeting user requirements within the general range, also for rapid disposal of waste. The complete cycle to be covered is thus :-

Before Use : producer/supplier → bulk breakdown/storage → local stockholding.

After Use : consumer → sorting/recovery → final disposal/re-processing.

The development plan will be described in Policy IIL. Its general layout of wards and departments in an expansive courtyard-type building on 2 floors had demonstrated an initial need to provide mechanical assistance for portering services which would have to operate over fairly long distances. Several other options were identified as planning progressed, for evaluation wherever possible on the "present worth" basis. Full descriptions of these were given in the Design Report BB3, but the main ones are outlined below.

PROGRAMMED DELIVERIES

The system of topping-up most supplies to imprest levels by regular rounds has the virtue of relieving ward staff of most requisitioning chores. It meets other basic requirements as well. When properly incorporated into a new hospital at the design stage, cost effects can be minimised. Moreover, it blends in with the central tray-service system used for the majority of patients' meals.

HANDLING OF GOODS

Methods of delivery were influenced by the prior necessity (see above) to have tugs and trailers for horizontal transport, while vertical movement was only between 2 floors. Ramp connections were therefore seen as the best way to cut out the double-handling which goes with hoists or elevators. If the supply centre could then be associated with the ramps, the system would in effect be wholly horizontal.

POSITION OF SUPPLY CENTRE

By locating this department outside the main building its structural and engineering standards could be kept at an industrial level; also, later expansion was made easier. The ramps, too, could be of suitable length for easy gradients.

HOSPITAL STERILE SUPPLY UNIT

As indicated in Policy IID(ii), the Mark II Best Buy design has involved expanding this Unit and relocating it in the Supply Centre, a move which owed something to the existence of the ramp.

FOOD STORAGE/PREPARATION

The simple ramp connection also made it possible to split the food storage areas sensibly between the supply centre and the main kitchen. This allocation is described in Policy IIE.

SUMMARY OF PROCEDURES

RECEIPT AND STORAGE OF BULK SUPPLIES

Most types of goods are received at the unloading dock at the rear of the Supply Centre. To minimise double-handling, the organisation should be such as to permit their being conveyed direct to user storage whenever possible. This will apply particularly to supplies for physical medicine, pharmacy, pathology and X-ray departments, also to certain foodstuffs.

INTERNAL DISTRIBUTION

Basically this depends on having a regular programme of "topping-up" rounds to the local supply points. The need for frequent stock-taking and requisitioning is minimised, but the imprest levels determined for various types of goods and their users need keeping under constant review - to allow for changes in the allocation of wards, methods of treatment etc.

For linen supply to wards and other special cases, see later policies.

LOCAL SUPPLY POINTS

In nearly every case the porter-drivers will have direct access from the link corridors when making their deliveries, although pass-through cupboards are no longer included in the design. Inside each supply room there are various shelves and storage fitments, which will need to be clearly labelled for the information of all users.

USER "BREAKDOWN" OF STOCKS

Within the wards and departments, trolleys are loaded with smaller stocks from the supply point and parked wherever convenient for immediate use. Housekeeping staff will be responsible for these tasks, which include notifying the supply centre of shortages, unusual or emergency requirements.

DISPOSAL ARRANGEMENTS

Colour-coded polythene or paper bags are available in the local disposal rooms to facilitate the initial sorting of waste material for re-processing or disposal. Bags containing potentially infective material must be well sealed by the user.

WASTE SORTING AND DESPATCH

With certain exceptions the bags containing all types of waste material are collected by the "trains" on regular rounds and conveyed to the sorting area in Supply/Works, where it is disposed of either directly on the spot or indirectly through other agencies.

MANAGEMENT

Each of the main supply services (Stores, Pharmacy, etc) will have its own management set-up. Although the day-to-day running of the supply and disposal system will no doubt rest mainly with the Head Porter and his staff, it will be important to ensure overall co-ordination between the system and its various users; proposals to this end are described on a later page.

THE TUG AND TRAILER "TRAINS"

For wheeled (goods) traffic the layout of hospital streets and ramps is rather like an angular figure-of-eight with the supply centre at the intersection. This is bound to help the timetabling of the daily rounds, which have to suit the convenience of various types of users as economically as possible.

The streets and ramps are uniformly 3m wide, for use by pedestrians as well as vehicles. For the latter there are good turning/waiting spaces at the front corners of the streets, while the ramps have a non-slip surface to help the electric tugs. These are expected to pull up to four trailers, a "payload" determined in the light of various operational factors (including experience abroad).

A major factor in tug design and payload was the use of 1:12 ramps, necessitating a prime mover of considerable power. Field trials had shown that pedestrian-operated tugs were subject to wheelskid on the ramp under high load conditions. A rider-operated tug is able to make best use of the design features and satisfy user demands. Limiting its payload to no more than 4 trailers is an insurance against any overloading of motors or brakes; it also ensures a manageable length for the daily rounds.

TUG SPECIFICATION

Size:- with driver aboard overall height is less than the 2m of door lintels; own width does not exceed 1m, and it is capable of turning 180° within the 3m width of street; own weight is not critical except as regards braking, providing the overall weight does not exceed 1800 kg.

Construction:- pleasant design, materials and finishes compatible with the trailers; suitably padded to avoid damage to doors and corners; quiet running and easy to maintain; wheels have solid tyres of a type which cannot leave marks on vinyl flooring but permits use on outside roadways if necessary.

Performance (subject also to relevant BS or other safety requirements):- must complete full day's schedule of frequent and interrupted journeys, on ramps and flat, with only overnight battery-charging; total trailer payload of up to 1120 kg has to be pulled up the 50m length of ramp without wheelslip; tug brakes alone (no trailer brakes) suffice to hold the same load on downslope; operating speeds are about 3kph up ramps and 6-7kph on the level.

TRAILER SPECIFICATION

Size:- height of wheeled chassis 300mm, plus superstructure of about 1300mm; length without towing attachments 1300mm; width (without protective bumper) 800mm; weight no more than necessary for proper functioning.

Function - Standard chassis:- base strong enough to take 280kg payload; four easy-running wheels with pivoting arranged either singly or in pairs for minimal inward tracking on corners; no braking system; protective bumper all round; simple detachable coupling (pin and eye) with rigid towbar; easy to manoeuvre when loaded, easy to maintain.

Function - Superstructure:- detachable but distortion-proof shell in sheet metal, with flat roof and three plain sides; other long side having two pairs of doors opening from vertical centre strut; for bulk disposal collections (linen,waste-bags,etc.,) the bottom doors remain secured and loading is through top halves; trailers allocated for delivery of clean (sorted) goods may be fitted with a suitable insert of shelves or racking; addition of "identity card" in holder at front enables trailer to be reserved for specific purpose, eg each ward's daily linen supply, the HSSU "shuttle service", or dirty goods only.

MANAGEMENT OF THE SYSTEM

The successful operation of the topping-up arrangements will depend upon :

- Soundly-based assessment and regular review of uptake (imprest levels) for all items in constant use.

- The maintenance of adequate stocks at Supply Centre.

- Assuring all users that the system is flexible enough to meet normal requirements without their own intervention.

- Having clear access to local supply points during scheduled rounds.

- Simple ways of telling porters the quantities for delivery to local supply points.

- Equally simple arrangements for supplying users' abnormal and emergency needs by direct requisition.

- A programme of deliveries (and collections) which aims to spread the workload over the whole day.

- Planned co-operation between porters, storemen and works department staff, who all have a vital contribution to make.

DIRECTOR OF MATERIAL - HANDLING (LOGISTICS?)

Besides the staff making their several contributions to the daily running of the supply and disposal system, there is a variety of user interests also concerned with its effectiveness. Some of the users (eg Pharmacy) will have only a limited "secondary" interest since their main function is to provide their own service to the patient-care areas. But the primary users, ie the nursing and housekeeping chiefs, and perhaps the diagnostic superintendents, will need to have a proper say in such matters as timetabling of rounds, rationalisation of items, updating of procedures and serviceability of equipment.

It seems that the necessary degree of co-ordination is unlikely to be achieved without setting up a permanent Supplier/User Group and appointing an officer to be in charge of the whole organisation, rather on the American pattern. Such an appointment can be justified if this 'Director' assumes the full on-site control over general stores and linen, control which might otherwise have to be shared with the (remote) Area HQ. The functions might perhaps be combined with those of a deputy hospital secretary.
In the light of discussions with the co-ordinating group the Director should be able to draw up an economical programme of supply and disposal rounds; then to ensure that the Head Porter and his staff understand and maintain that programme to the satisfaction of all users. The tugs would be driven by trained porters regularly allocated to that duty, with reliefs nominated from the general pool.

DAILY PROGRAMMING

In certain instances the trailers may have to stand in one spot for long periods, eg serving a sub-storage function for ward linen. However, the tugs are expensive items which need to be kept as well employed as possible. When determining the best deployment of the tugs and their drivers over (say) a 12-hr day, the factors which have to be taken into account include the following :-

- Timing of the bulk transport runs from and to the off-site laundry; also perhaps CSSD deliveries and local authority refuse collections.

- Need during busy working periods to keep goods traffic away from certain departments, notably those off the front street; also to avoid main mealtimes in ward areas.

- Suiting the convenience of special users (eg Theatres, OPD) as regards both frequency and timing of supply and disposal rounds; there might be some need for weekend working.

- Need for specific point-to-point journeys, eg taking bulk provisions up to central kitchen; linen, etc to the supply base for the staff residences; or catering trolleys to the more remote service points.

- Making proper allowance for contingencies like breakdowns or staff illness and holidays.

SPECIMEN TUG WORK SCHEDULE

It is clear that any one tug may have to be engaged on several different tasks during the course of a day, needing perhaps more than one driver. The notional schedule for that tug (dovetailing with others as appropriate) might be on these lines :-

0700-0800	Collect rubbish from upper floor wards/departments.
0800-0900	" " " lower " " "
[0900	Bulk linen stocks arrive from laundry]
0900-1200	Distribute clean linen to all wards/departments (method is described in Policy IID(ii) and involves taking each group of wards' empty trailers to linen room, then returning them restocked on next journey).
1200-1500	Standby for casual ad hoc duties, eg food trolleys to annexes, HSSU "shuttle service", or bulk goods to Pharmacy.
1500-1800 +	Distribute clean supplies throughout hospital, topping-up the local storage units as required from "train" of four loaded trailers.
[1900	onwards Parked for recharging batteries]

LOCAL SUPPLY POINTS AND USERS (WARDS, ETC)

Periodic deliveries to specialised users like Administration (stationery etc), Staff Changing Rooms (uniforms and gowns) or Physical Medicine (handicraft materials) are outside the scope of this section.

In patient-care areas, most of the daily supplies needed (except linen, drugs and beverages) are meant to be stored on suitable fitments in their room near the staff base. For the bulkier goods (CSSD packs, etc) there is adjustable open racking; for smaller items, a multiple shelf and drawer assembly.

As noted in Policy IIA, all ward units have the supply point which is entered from the outside link corridor, so that porters can make their rounds at suitable times without disturbing the patients. A reasonable balance between delivery and user convenience has been maintained in other departments like ITU, CDS and Central Treatment, where the supply point is within but still close to the entrance. In fact it is only in the clinic areas (A&E, OPD, etc) that rapid turnover has necessitated bringing the supply points right inside the unit, which means that topping-up during normal working hours should be avoided.

For access to each local supply point, the individual trailer must be unhitched and pulled by hand along the link corridor. The swing doors therefore have a "short delay" action on their closers.

USER INVOLVEMENT

A well-organised system on the foregoing lines should allow the unit nursing/ domestic staff more time to concentrate on patient-care. Their contribution will be limited to :-

Loading up internal trolleys from the supply point at suitable times, for use wherever required.

Co-operating with stores staff to determine and regularly review their own unit's various imprest levels.

Requisitioning only on those rare occasions when there may arise a shortage of some commonly-used item or a sudden demand for some exceptional item.

EMERGENCY SUPPLIES

Outside normal working hours, when the supply centre is closed, there are two sources from which urgent user requirements can be met, ie special stores for which the keys are held on the night duty board. They are as follows :

a. Associated with the ground floor furniture cleaning unit is a holding area for beds, cots and similar articles which may be infrequently but suddenly needed. Of course these would have to be "booked out", and then returned to the store after use.

b. At the entrance to the supply centre is an "emergency call store" which holds modest stocks of the many consumable items in regular use. It is important to have a simple way of recording (or notifying) what has been taken each time so that the stores staff can replenish the stocks daily.

The comparable arrangements for drugs, etc are described later.

DISPOSAL - LOCAL SORTING AND "BAGGING"

Human remains from operations, post-mortems, etc are conveyed by special means to the disposal area for "priority incineration", a category which may also cover certain other types of waste (see below). Linen too is subject to separate collection. Otherwise the "dirty goods" trains will take up all types of disposable material on their rounds.

The success of the disposal system depends to a large extent upon the proper initial sorting of used goods, for re-use (after processing) or destruction as appropriate. The sluice/disposal rooms in wards and user departments are planned and equipped for this sorting. Domestic or other unit staff are expected to ensure that all the used and waste material which they collect is placed in the correct receptacles; the list of these might be as follows :

Refuse in colour-coded sacks (or bins for cat.c)

a. for priority incineration
b. " routine "
c. potentially dangerous items, eg used razor blades or syringes
d. tins for crushing
e. bottles for crushing

} these must NOT go in incinerator bags

Other Returns in own containers as supplied: eg CSSD items, Pharmacy "empties", Milk bottles (if used).

Dry Waste Paper for salvage may possibly be bundled and tied with string.

Unusual Categories (eg used X-ray film, scrap metal from Works Department, broken equipment, confidential papers) in bins or as otherwise appropriate.

The procedure for conveying dead bodies to the Mortuary is stated in Policy No VF.

CONTROL OF INFECTION

The person who places any infected waste in a (colour-coded) receptacle for disposal is responsible for ensuring that such receptacle is immediately sealed in the approved manner with staples and/or sticky strip. It may then be conveyed by normal means, via the main disposal area for the ward/department concerned, to its final destination without endangering other patients or supplies.

In the operating department this method can be accepted as an adequate safeguard if the bag-sealing is done within the theatre before pass-out to the disposal corridor, from where instrument trays are conveyed to the HSSU and disposable material to the incinerator.

The operating theatres and other possible sources of infected material such as the Mortuary, Isolation Unit and Barrier Nursing (Maternity) Unit have their exits quite close to the ramps leading to supply/works building, so there would normally be no occasion to transport such material through the busier streets.

On arrival in the works area the bags are incinerated without any need for unsealing. The care taken to ensure that combustion products are discharged at safe heights has already been noted in Policy No IIB.

With proper staff discipline this system should meet all foreseeable circumstances, but naturally it has to be kept under regular review by the Control of Infection Officer.

DISPOSAL ROUNDS AND DESTINATIONS

If all disposable material is properly "bagged" before it leaves the wards/departments then the trailers collecting that material should suffer no more contamination than can easily be removed by wiping down with a disinfectant/detergent.

However, the turn-round period allowed for most of the trailers in a well-organised programme would hardly permit their being washed and dried every time, therefore segregation of the dirty from the clean trains will normally be the order of the day. The optimum use of tugs as noted earlier should ensure that total goods traffic using the streets (even in peak periods) remains at a reasonable level.

The timing and content of disposal rounds may be influenced by other factors such as the frequency of bulk transport runs to laundry and CSSD, also the local authority's refuse collection. Experience will show whether it is better to have separate rounds for each category of disposable material or group them somehow. The rounds must cover residences as well as the main building, unless the local authority vehicles provide a direct service to them.

Access Points for collection are generally no less convenient than for deliveries, and in a few cases rather more so (additional points). The design minimises disturbance to patients, but in a few instances, for reasons similar to those noted under "Supply", the dirty trailer must be brought right inside the department.

DESTINATIONS

When the trains arrive at the Supply/Works building the waste and used material they have collected is disposed of in the following ways, under the general responsibility of the Head Porter :-

Central Incinerators accept combustible waste (and human remains) from all parts of the hospital. There were clear-cut engineering advantages (maintenance, control of effluent, etc) in not providing any minor dispersed facilities. Also, there were strong public health arguments against off-siting the incinerators.

Crushers deal with empty tins and bottles separately, reducing the bulk for local authority collection.

Waste Bins (ie large containers) receive all crushed, incinerated or untreated refuse for collection by the regular local authority service. Salvaged paper may be separately bundled and baled for collection by same service.

Special Items (eg gas cylinders, CSSD returns, milk bottles if used) are held in convenient places to await collection by vehicles which can pull up right outside.

UPKEEP OF TUGS

At the end of the day, porter-drivers will be responsible for unhitching trailers, parking their tugs and plugging in the trickle-chargers. A quick examination and wipe-down is also recommended. Soiled trailers may be passed through the HSSU wash-bay. Regular maintenance and emergency servicing will be the function of the Works Department staff nearby.

RECEIPT AND STORAGE OF BULK SUPPLIES

Ordering, accounting, quality control etc are described later under Stores Management. There are special arrangements for linen and pharmaceuticals.

Building and engineering maintenance materials received directly into the Works Department stores are not covered by the procedures described in this policy.

Source of Supply: goods handled by the system may come from any of the following sources :-

Manufacturers and Agents - most consumables are subject to term contracts and will be carried by commercial vehicles. Frequency of delivery will depend upon type of goods, ie rate of turnover.

Off-Site Laundry and CSSD - brought regularly by inter-hospital transport and may be packed in standard containers for direct internal distribution.

Provision merchants - commercial vehicles should deliver perishable foodstuffs daily, non-perishables less frequently (see Catering Policy No IIE).

BREAKDOWN FOR DISTRIBUTION

Whenever possible, the object is to receive goods already packed in convenient sizes. If bulk deliveries are unavoidable, they have to be broken down in the general stores area so that topping-up quantities are reasonable.

Bulk Storage: after general or specialised checking, as appropriate, any goods intended for immediate use throughout the hospital can be loaded onto trailers for the topping-up rounds. The remainder are taken to various stores and holding areas, as follows :-

ROOM NO		
5/5	-	Gas cylinders (outward as well as inward)
5/6)	-	Refrigerated rooms and
5/7)	-	Provisions store.
5/8	-	General stores and packing area, part fitted with racks and worktops.
5/9	-	Samples store.
5/17	-	Emergency call store.
5/40	-	Flammables and corrosives, including certain pharmacy items.
16/24	-	Occupational therapy materials (physical medicine).
19/23	-	Pharmacy Department goods reception.
20/31	-	Pathology glassware, chemicals and special materials.
20/36	-	" blood stocks (refrigerated).
22/39	-	X-ray films and chemicals.
40/9, 10,) 15, 32)	-	Perishable foodstuffs, adjacent to preparation areas (kitchen)
48/5, 9, 12	-	Hospital Sterile Supply Unit.

SIZE OF MAIN STORAGE AREAS

Determining the areas needed for various storage purposes is still an imperfect science. The total space now included in the design conforms roughly to the yardstick of 1 sq metre per bed, but could be adjusted in the light of later experience without much difficulty. The basic objective should be to keep 5-6 days' stock in the "pipeline".

STORES MANAGEMENT AND STAFFING

A very provisional establishment for the functions described might be :-

1 supplies assistant
1 typist
2 clerks
1 storekeeper-clerk
[6 storemen/porters - see Policy IIH]

STAFF FACILITIES

There are male and female staff cloakrooms for the joint use of stores, HSSU and works staff.

All other facilities (health clinic, rest-rooms, canteen, etc) are provided within the main building, and described more full in Policy No IIF.

LOCAL MANAGEMENT

Under present circumstances the responsibility for advising the HMC and ensuring that their policies are implemented normally rests with the Area Supplies Officer, working through the local Supplies Assistant. However, the appointment of a Director of Material Handling as recommended earlier would necessarily involve reviewing the functions of these and other officers. Whatever pattern emerges, it will be important to ensure that the basic duties of ordering, receiving travellers and samples, quality control, stock-taking, assessing imprest levels, etc are properly organised.

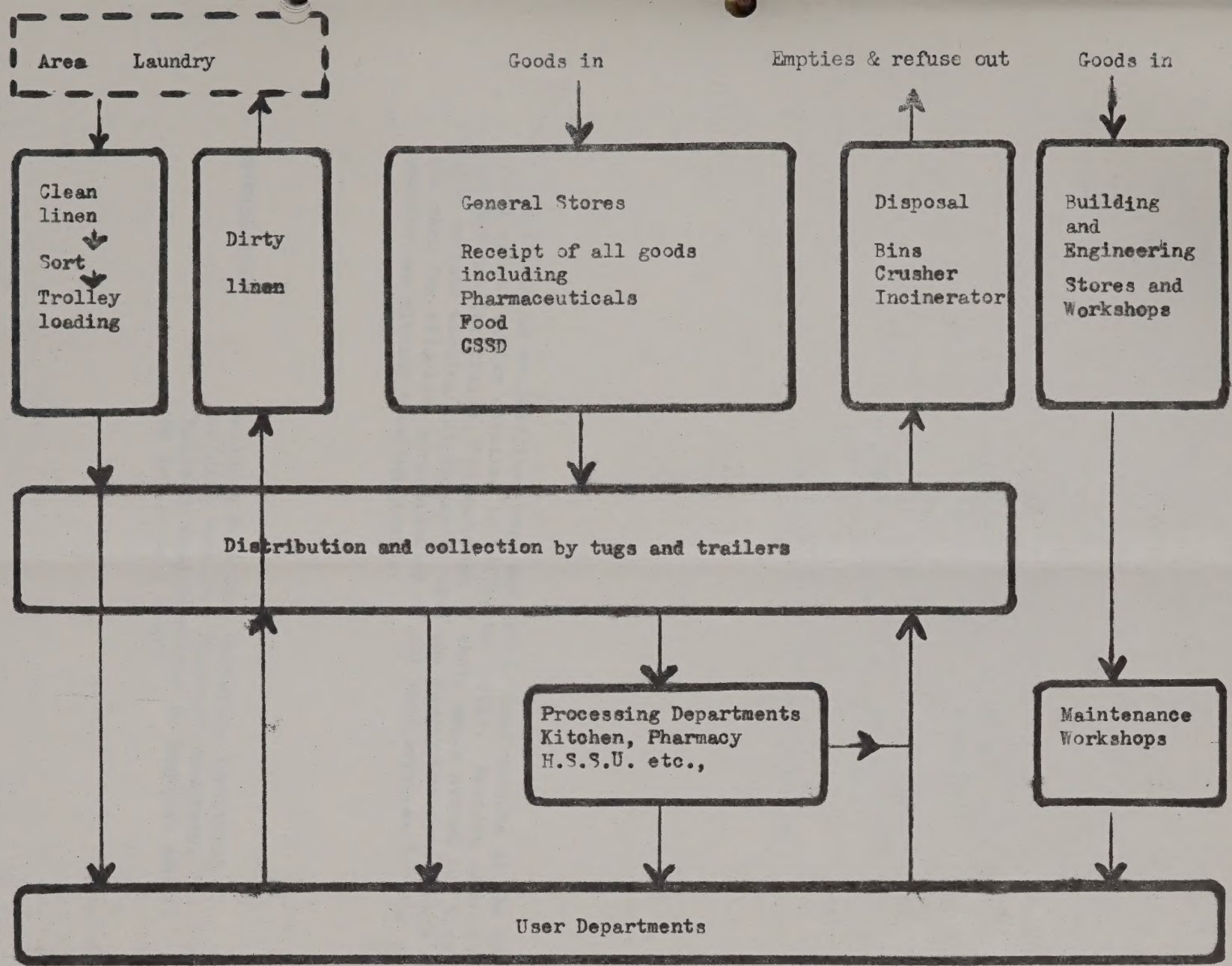
The day-to-day running of the supply centre's business, ie ensuring that goods are received, checked and stored, and that normal and emergency user-requirements are satisfied with the least possible delay, is carried out by the storekeeper-clerk from his office within the reception zone. It will be essential to have a good stock location system which makes full use of the racks, etc available.

SECURITY AND FIRE PRECAUTIONS

This is a high-risk area demanding special precautions. Outside doors, shutters, etc which give delivery access to storage areas must all be properly locked and bolted when the staff go off duty, as also must the internal doors connecting supply centre to rest of hospital.

The Emergency Call Store is separately locked and key held at master keyboard.

Reference was made in Policy No IIB to the thermal/smoke detectors and alarms needed to safeguard this area and its contents in case of fire.



SUPPLY AND DISPOSAL FLOW DIAGRAM

KINGS LYNN "BEST BUY" PLANNING POLICY NO IID(ii)

PHARMACY : HSSU : LINEN AND UNIFORMS

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The services to be described here are specialised aspects of the basic supply and disposal system detailed in Policy No IID(i). Besides depending on the tug and trailer trains, for carriage of their goods around the hospital, they have certain working relationships with the Supply Centre and each other. The need for effective co-ordination of all such services for the users' benefit has already been mentioned.

REFERENCES:

Building Note 26 - Operating Department
Building Note 29 - Pharmacy Department
"Guide to Good Practices in Hospital Admin"
(MS Report No 1 1970).

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PHARMACY-PLANNING PRINCIPLES

The varied functions of hospital pharmacy departments have been described in other publications (eg the MS Report No 1 "Guide to Good Practices") and need not be repeated here. The Best Buy design is bound to concentrate on essentials, while still allowing for the possibility of future changes. Special care has been taken in the layout to achieve a satisfactory workflow.

The Department is meant to provide comprehensive services for the dgh and other group hospitals, including topical fluids and such forms of bulk preparation as may be desirable. Any overlapping of function with the HSSU needs to be avoided - see later under "Management".

LOCATION

A major planning consideration was the need to keep outpatient dispensing linked with the other pharmacy functions for best use of staff resources. The resultant central position for the whole department is convenient in most respects, except for a certain remoteness from the goods reception area of the supply centre (which has influenced the allocation of storage space - see below).

There are 2 entrances to the department, one off the front street for personnel and one off the side street for goods. Beside the front entrance (ie not far from the concourse) is the waiting area and service counter for dealing with outpatients' prescriptions. Any ad hoc demand arising for inpatients can also be satisfied here, but the regular ward service facilities are at the goods entrance.

STORAGE AREAS

The special handling of gas cylinders and flammables has already been mentioned under the main supply centre heading.

As regards the general pharmacy store, this could be allied with the supply centre or the department itself but there would still be the same need for the storekeeper to divide his time between the 2 places. In the event, ample space for bulk storage needs has been found within the department, which therefore contains (as well as cupboards and shelving in workplaces) the following rooms:-

Sterile products store	- including workbench for inspection and labelling
Cool store	- with large freestanding refrigerator just outside
General store	- for ordinary drugs, dressings, liquids, etc; with goods reception area and storekeeper's office at the entrance.
Security store	- an internal room with solid walls and door.

SECURITY AND ALARMS

When the department is locked up at night it is as secure as any other part of the hospital. The additional safeguarding of dangerous drugs, poisons and drugs liable to misuse is achieved mainly by fitting special locks, steel grilles and audible alarms to all the places where such drugs are stored. The alarms are linked through a local control panel to the main warning board (see Policy IIB).

PREPARATION AND DISPENSING

Besides the stores and offices there is a self-contained all purpose quality control laboratory, Otherwise the grouping of rooms is intended to serve the following main functions:

BULK PREPARATION OR "BREAK-DOWN"

Although commercial sources give a steadily improving service it seems unlikely to meet the hospital's need in every respect. Suppliers may find it uneconomic to package their standard goods in small enough sizes, or to supply unusual preparations for which the demand is very limited. The department therefore has to include some bulk processing facilities.

In this section there is double-sided benching (with a laboratory-type service "spine") in 3 open bays, one capable of taking heavier machines. The manner of using these facilities must remain flexible, aimed at supplementing commercial sources rather than negating them.

STERILE PRODUCTS

This is a specialised unit which really starts at the central wash-up/recovery room where containers of all types are held ready for filling. It has "dirty" and "clean" sides separated by the block of washing and drying machines. A connecting door leads into the preparation and filling areas, part of which is specially equipped for aseptic work. From there the various products are trolleyed straight into the autoclave loading room for sterilisation, after which they are ready for inspection, labelling and storage in the next adjacent room. They are then available on demand to the user areas.

DISPENSING

The dispensary area is divided into open bays by means of double-sided bench units with service "spines" and high and low-level storage. The bays are reserved for different types of work, with their own small "security store" as well, and arranged mainly for accessibility as regards counter-service. Beside the counter is an enclosed bay for label preparation, indexes, records, etc.

The counter itself has a line of 4 "sash-window" positions, with glazed divisions between them. This gives the effect of daylighting from both sides, because across the street from the open waiting area there are courtyard windows. The counter positions are labelled, two for "Prescriptions Out" and one for "Prescriptions In". The fourth is for use by any ward staff/porters who may have to attend with an urgent prescription for a particular inpatient.

The waiting area is pleasantly furnished and can hold 20 or so outpatients at a time; at busy periods it may be advisable to operate a rota system, although exceptional delay or recall the next day should be avoided. A ticket machine is provided to suit whatever method may be adopted for collecting prescription charges.

REGULAR AND EMERGENCY WARD SERVICES

(The method of dealing with occasional urgent prescriptions for inpatients has been mentioned earlier).

Some part of the ward's daily needs (eg for common medicines and lotions) can no doubt be supplied on a topping-up basis if desired. But there will still be a need for requisitions and locked "hampers" As well, to take care of unusual prescriptions and to ensure that issues of special or addictive drugs are closely controlled, ie safeguarded against theft or misuse at all stages.

Such services may vary in detail, but the essentials covered by this design are as follows:-

At Ward/Dept.

a. Nurse prepares daily requisition and hands it - with the empty (labelled) "hamper" and any returnable bottles, etc - to the pharmacy porter or tug-driver on his scheduled round.

b. Nurse later signs for receipt of filled requisition, unlocks container with the ward key and disposes of contents in appropriate storage places.

c. Pharmacist should pay regular visits to all users, to check levels of consumption, satisfactory handling of prescriptions, security, etc.

At Pharmacy

d. Every ward container has its allotted place on the shelves in the issue lobby; porter is responsible for ensuring that all places are filled and requisitions handed to pharmacist.

e. Dept staff take each container on trolley into the ward service area and unload empty bottles and jars through doorway into the wash-up room.

f. Shelves in ward service area are meant to be kept stocked with all types of goods likely to be needed for meeting ward requisitions, but of course unusual prescriptions will involve reference to the dispensary.

g. Shelves are arranged for one-way circulation to enable methodical filling of containers; when each is ready it should be locked and returned to its allotted place in the lobby.

h. When requisitions are completed the porter may be recalled to start his delivery rounds, and thus the cycle continues.

EMERGENCY (OVER-NIGHT) SUPPLIES

Just inside the front entrance to the department there is a special night drug cupboard, also a small refrigerator. Keys to the entrance, the cupboard and the "frig" should be kept on the night duty board and only released against a doctor's requisition. Arrangements must be made to ensure that each time goods are taken it is duly recorded, so that next day the pharmacy staff can restock as necessary.

PHARMACY MANAGEMENT AND STAFFING

(The general control of the Area Pharmacist was mentioned in Policy No I). The Chief Pharmacist at the dgh will be responsible for advising the authority about its policies; for statutory duties (eg as regards the poisons register); for stock levels and quality control; for advice and liaison with doctors, nurses and other departments on all matters within his professional competence; and for producing records and statistical returns.

TECHNICAL INFORMATION ROOM

To supplement the ordinary office facilities available for the pharmacist and clerk(s), the design includes a reference/seminar room. The technical data available here is for use of staff within and outside the department, also some training of students may be involved. (More general staff lectures should be programmed in the education centre).

TYPES OF GOODS HANDLED

The various storage areas and security arrangements have already been described. The wide range of items dealt with in the department necessitates settling upon a thoroughly reliable system for locating them on the various shelves and racks, then providing indexes to those locations at suitable points.

It is advisable to limit the categories of goods to those in which the pharmacist's professional involvement is regarded as essential. All surgical instruments and CSSD items, for example, will be the concern of the HSSU. General medical supplies, disposables, dressings, and patient-care sundries are better handled by the supplies officer (with advice if necessary from the pharmacist). Baby foods and certain dietary prescriptions should likewise remain outside this department's province.

STAFFING

This is a matter that will depend both on the area organisation and on local circumstances. Besides the chief pharmacist with appropriate secretarial/clerical support, there will need to be other pharmacists and possibly pre-registration graduates; pharmacy technicians, possibly including students; and pharmacy assistants.

A storekeeper is required, but portering services are meant to be provided by detachment from the general pool.

STAFF FACILITIES

The design includes male and female cloakrooms, but no rest room as the main staff lounge is nearby. Catering and other centralised facilities are as described in Policy IIF.

HOSPITAL STERILE SUPPLY UNIT (HSSU)

In the Mark II design this unit has been annexed to the stores block, some 95 metres away from the supply/disposal area of the operating department. Its effectiveness will have a lot to do with the shuttle service of trailers up and down the ramp. The unit is meant to serve other departments as well, although their delivery needs can probably be met within the regular programme of rounds. By the same token, the scope of service must cover not only the full range of theatre instruments, trays and packs but also any other pieces of equipment likely to need washing/sterilisation after use.

Good internal liaison will be necessary with the pharmacy and supplies departments as described earlier; with the electronic workshop and the medical technology (research) unit; perhaps also with the ward furniture cleaning units.

OPERATING THEATRE SERVICE

As the Unit's major responsibility is to serve the operating theatres, the arrangements for speedy "turnround" of instrument trays and packs have largely governed the general layout and workflow. Supply and disposal systems for the theatres (see Policy VB) are both focussed upon a goods handling bay off the rear street just opposite the ramp. It is here that each HSSU trailer is unloaded (via one doorway) straight into the sterile store, and then reloaded (via another doorway) with used trays and packs for reprocessing.

When this "disposal" trailer arrives at the HSSU reception area, the instruments etc are unloaded and fed straight into the processing sequence. The wrapping or bagging of all used items coming out of the theatres should mean little risk of the trailer being soiled or contaminated, nevertheless it must be given a thorough wash-down in the bay provided.* Then it can be parked to await reloading with sterile packs (from store) for the next delivery run, and so the shuttle service continues. It must always be sensitive to fluctuations in demand.

PROCESSING OF INSTRUMENTS AND PACKS

The main workflow through the HSSU will be as follows:-

1. Unpack all items, disposing of used linen in roundels.
2. Strip down and hand-wash as necessary (incl. trays)
3. Make up loads and pass through automatic washer-dryer.
4. Reassemble processed items and check serviceability.
5. Bring together instruments, trays, linen etc for packing.
6. Sterilize by method appropriate to type of material involved.
7. Transfer to sterile pack store for re-issue.

* The trailer-wash bay should no doubt be capable of handling any other general trailers which might occasionally need a thorough washing/disinfection before re-use.

PACKING, STERILIZATION AND STORAGE

The layout of the main packing area is necessarily as flexible as the structure allows, with good daylighting and ventilation. Different flow lines may be needed at different times, depending on the types of packs etc being handled, therefore the workbenches and mobile racks must be capable of regrouping as appropriate. There is room for expansion as well.

Ingredients for making up packs will usually be the clean instruments, trays, bowls, etc coming forward from the washer/dryer processing;* perhaps new items from stock; clean folded linen delivered by trailer from the hospital linen room (see later); and whatever else may be needed from the materials store.

STERILIZATION

The pharmacy and pathology departments are equipped to do their own sterilization. Otherwise it is the HSSU which has to cover all the hospital's demands for sterile supplies and the sterilization of diverse types of equipment. Besides the 3 main autoclaves (See Policy IIB) there is a low-temperature machine with formaldehyde injection for heat-labile items. There is also a hot-air oven for dry sterilization.

Direct access from outside enables any of these machines to be serviced or replaced without putting the whole Unit out of action.

STORAGE CATEGORIES

The sterile pack store was mentioned earlier. It will be important to have a quick and accurate method of identifying items on the shelves, so that an urgent demand from the theatres for some specialised type of instrument or pack can be readily satisfied (in fact the sterile stores at either end of the "shuttle" should tend to provide complementary services).

The other storage area within the HSSU is for bulk materials obtained (via main stores) from outside sources and used in making up packs. As deliveries have to be made through the main trolley handling area, their timing should not be allowed to interfere with that of the shuttle service.

Within the main stores there is a separate enclosure for clean goods received from the off-site CSSD or commercial sources. Whether these items are to be drawn into the sterile preparation side, or issued to users direct from store, they remain the responsibility fo the HSSU supervisor as regards stock levels, quality control, etc. The store has adjustable racking, also space for breaking bulk and return containers.

* Items not suitable for automatic processing can be dealt with manually; there are sinks with pressure jets, a small stand-by washer and a drying oven. However, ultra-sonic equipment is not being provided.

HSSU ORGANISATION AND STAFFING

While these matters must of course be finally settled by the hospital authorities, it seems that in many respects this Unit may be regarded as the local outpost of the area CSSD: in fact the "semi-detached" location should make its absorption into the CSSD a fairly simple matter if required. By the same token, the local supervisor might perhaps be subject to general direction from the CSSD superintendent while still bearing normal responsibility for all matters of sterile supply within the group. His office is at the entrance to the Unit, and he will need some clerical assistance with work programmes, stock records, etc.

"TRAFFIC" CONTROLS

The daily programme for deliveries to the operating department sterile store will no doubt have to be agreed with the theatre superintendent, and the HSSU workload will vary according to the nature of the day's theatre lists. The shuttle service of trailers can be monitored from a checkpoint in the Units loading bay.

That loading area adjoins the general one for supplies, etc, thus it should be a simple matter to co-ordinate the loading of trailers with sterile packs from their store and with any other items needed from the "clean goods" store. For deliveries to other hospital departments, the ordinary supply train rounds - see Policy IID(i) - should be used whenever possible.

STAFF

With porters (and perhaps an autoclave attendant) being provided from the common pool, other staff of the Unit will comprise just washer/packers, their numbers being dependent on how the workload develops.

There is a female cloakroom just outside the HSSU entrance and staff will be expected to maintain a high level of personal cleanliness while on duty. The health clinic, canteen and all other facilities are in the main building, as described in Policy IIF.

CENTRAL LINEN SERVICE

In Policy No I it was noted that the area laundry at Norwich expects to send two pantechnicons per day to this dgh. The trailer-vans will be parked (on an exchange basis) outside the clean and dirty linen rooms at the rear of the main building - not the stores block. The adoption of standard packaging etc should enable these rooms to serve as little more than staging posts on the route between laundry and user departments; however, this will be very much a matter for co-ordination between the off-site and on-site managers.

SUPPLY ARRANGEMENTS

The recommended form of "topping-up" for wards and similar users, whose daily consumption of linen is fairly constant, is by means of large (storage) trolleys, ie the standard trailers fitted with shelves as described in Policy IID(i). At a set time of day the tug will call to collect each ward's labelled trailer, by now nearly empty, and take it to the clean linen room for replenishment to imprest levels and almost immediate return. This is very nearly a trolley-exchange system, in that the ward has to await fresh stocks for only the brief period between one train journey and the next, but it avoids the need for duplicating the trailers. Obviously a direct exchange system would be quite feasible, given more trailers and handling space. Each ward's own trailer can stand just inside the entrance and be offloaded onto internal trolleys as convenient.
More specialised arrangements will be necessary for those departments which use non-standard items or have irregular levels of demand.

DISPOSAL OF USED LINEN

This is really a separate matter from the above system for clean supply. In fact the arrangements for collection are on a par with other disposal rounds although the destination is different. Within each unit disposal room any foul (or infected) linen must be placed at once in the special colour-coded polythene-lined bags and sealed for transit direct to the laundry. No sluicing facilities are provided within the hospital.

Other soiled linen is gathered into the ordinary washable containers with neck-cord. Both types of containers are conveyed to the dirty linen room and then loaded into the parked trailer for return to the laundry.

Maternity Ward Chute: one of the heaviest user areas is linked directly to the dirty linen room by means of a disposal chute, which should help to cut down the demand on the trains making their collection rounds.

Disposable Items: economic factors may suggest a limited use for these in certain areas, eg for X-ray examination gowns.

MANAGEMENT AND STAFFING

The general co-ordination of functions, maintaining proper stocks, repair and replacement, financial and quality control, etc will rest with the Laundry Manager and/or Area Supplies Officer, according to regional policy.

For day-to-day organisation there are likely to be advantages in grouping together all the linen service functions - including those for personal uniforms - and determining a joint staffing pattern. The "peaking" of the daily workload caused by outside factors makes these linen-room and sewing room duties particularly suitable for part-time staff.

STAFF UNIFORMS, GOWNS AND OVERALLS

The proximity of the linen rooms to the central group of changing rooms for non-resident staff should make the supply and disposal of their personal linen rather easier. It is assumed that nurses' uniforms and the like will have to be issued on an individual basis and therefore suitably labelled. For other types of protective clothing, impersonal size groupings may perhaps suffice.

SUPPLY ARRANGEMENTS

Full descriptions of the staff changing rooms and personal uniform issues will be given in Policy IIF. In most cases the type of locker provided should include space for holding several days' stock of uniforms, etc. In places like the theatre and ITU changing rooms, however, the facilities for holding clean stocks are rather different. Other categories of staff who may also require special delivery arrangements include those occupying on-site residences.

It will be a matter of some importance to draw up and maintain a satisfactory programme for distributing personal linen to the dispersed user areas with their various types of lockers or racks. If a tug and trailer have to be used for the more remote deliveries it will be necessary for linen room staff to go with them for sorting purposes.

LAUNDRY COLLECTION

By contrast, the disposal of uniforms etc after use should be a fairly straightforward matter. All the changing rooms are provided with containers beside the exits in which the staff may deposit their discarded clothing at the end of the day. From the main nurses' changing room these containers are taken straight through into the adjoining dirty linen room; elsewhere they are collected by trains on suitable rounds; thereafter they are handled in the same way as other used linen.

SEWING ROOM

In the neighbourhood of the changing and linen rooms there is a sewing room, which in fact serves as the management centre for all personal clothing matters. It is here that the records are kept of staff sizes and uniform issues. For the hospital's total complement of well over 1,000 staff a good deal of fitting and alteration and uniform repair work is bound to arise.

LINEN SERVICES MANAGER

If an overall supervisor is to be appointed (see previous page) the responsibilities of the post should include:

- regular review and updating of imprest levels (ie the types and quantities of linen used each day) in consultation with users.
- liaison with the material handling side on timing of rounds etc.
- monitoring laundry performance and feeding-back user comments
- safeguarding linen stocks in transit and in store.
- organisation of sewing room and personal uniform services.
- allocation of staff resources for the daily tasks in both of the linen rooms and the various staff changing rooms, as well as the sewing room.

KINGS LYNN "BEST BUY" PLANNING POLICY NO. IIE

CATERING

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References:

Hospital Building Notes Nos 10 and 11.
"Hospital Catering" (HMSO 1962).
HM(67)8 - Charges for staff meals.
"Guide to Good Practices in Hospital Administration" (MS Report No.1).

File Ref: J/H189/19

PURPOSE

The Catering Department shares a number of common interests with the overall policy on Supply and Disposal (No. IID). However, its own special functions are so diversified as to justify the production of this separate policy document.

The main object is to ensure the provision of all types of meals and beverages that patients, staff and visitors may require while they are on the premises, at normal or abnormal times. The menu should be as varied as possible, but naturally subject to strict budgetary control. Therapeutic diets must be supervised and prepared according to prescription.

Patients' meals may be served at their bedsides or in dayrooms. Staff meals may be bought in the central dining room or the snack bar. It is hoped that the catering organisation can achieve a high standard of efficiency for the various types of service without tending to become soulless and impersonal. The beneficial effect of good food, attractively served in pleasant surroundings, is now widely recognised.

The length of the catering day is likely to necessitate shift working. The policy does not include a timetable of activities; this is important for the effective deployment of resources, but is bound to depend very much on local circumstances. Like a number of other aspects, therefore, it must be left for determination by the Commissioning Team.

ASSESSMENT OF MEALS FIGURES

Staff Dining: On the basis of some very provisional staffing estimates, the following calculations were made for the purpose of determining "main meals" size of catering department:-

Nursing:	1008 @ 75% use	=	756
	less night staff		75
			681
Medical:	42 @ 75% use	=	32
A & C etc:	213 @ 75% use	=	159
Ancillary:	418 @ 40% use	=	167
	Total		1039 (approx 1.2 staff meals per bed).

On basis of 3 meals per dining place, total need is 346 places.

Dining room provides 280 places.
Snack bar " 100 " (to include visitors, etc).

Kitchen Meals: Total of beds (including day-patients but not cots) is 757, @ 85% occupancy gives a need for 643 main meals.

Add staff using dining room	832	
also Night Meals	75	(chilled & reheated)
	1550	
In addition there may be up to	100	or so day-attendances for the midday meal in psychiatric and geriatric units
	1650	approximate total

Snack Bar Meals - say 300 at the peak period. This includes specifically for staff who may wish to have light meals as an alternative to using the dining room, and estimated at about 20% of the total need as above.

OUTLINE OF ORGANISATION

A number of options had to be evaluated during the planning of this service. Some were mentioned in Policy No. IID. Others (eg those related to bulk supply of milk, meat and vegetables) may be influenced by local conditions. The brief description below is amplified on later pages.

Ordering, Receipt & Storage of Supplies

The allocation of certain functions between Supplies & Catering Departments is a matter of mutual agreement. It may be influenced by the way in which storage space has been allocated between the supply centre and the kitchen area.

Kitchen

Located within the "core" of the upper floor inpatient accommodation but quite near supplies ramp. Layout planned for work-flow from Storage to Preparation to Cooking to both Serveries ie to staff dining room servery on one side and to ward tray-service system on the other.

Tray/Trolley Service to Patients

Plated meals on individual trays, with prior menu-choice, for almost all upper wards and the geriatric in-patients. Bulk food supply to sub-serveries for isolation and psychiatric units. Internal distribution of meals is undertaken by ward staff, but not washing-up (with minor exceptions).

Beverages

The still-room serves nearly all staff needs by hoist connection to the coffee-lounge directly below. It provides a routine trolley service for the upper floor wards as well, subject only to the final tea infusion being by use of boilers in ward pantries.

For routine service in ground floor wards and annexes, and for meeting occasional beverage, etc needs throughout the inpatient areas, ward pantries will offer all customary facilities.

Catering For Staff

"Pay-as-you-eat" choice between central dining room for scheduled main meals or snack bar for light meals, etc at any time. The latter offers (reheated) main meals for night staff, also micro-vend and other optional facilities.

Snack Bar in Concourse

Varied requirements for out patients and visitors as well as staff can be provided here throughout the 24 hours, ie beverages and light meals. There is a hoist connection to make the same service available to day-patients in wards above.

Central Wash-up

All used crockery and cutlery from the upper floor and geriatric wards is collected and returned to wash-up in kitchen. Local washing-up arrangements will be used only in the few special areas.

OWNERSHIP OF ORGANIZATIONS

A number of options had to be considered during the planning of this centre. Some have existence in Quilly Sm. Ltd. Others are more related to the supply of milk, meat to vegetables; not to mention by industry or local commercial enterprises rather as supplied on later pages.

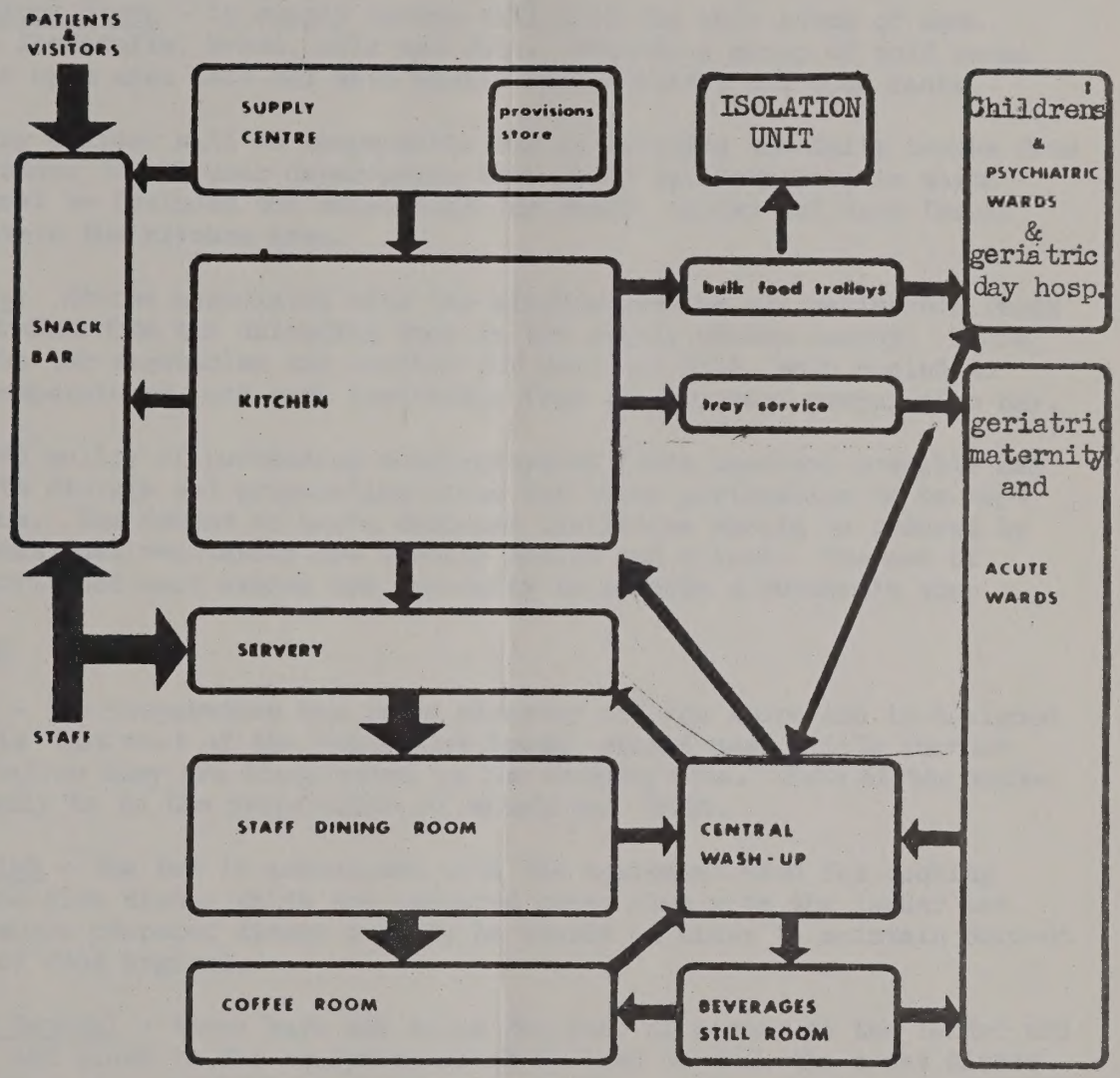
Quarters, Vessels & Stores of Supplies

The allocation of certain facilities [illegible] Quarters & Catering Department as a matter of social convenience. It may be mentioned of the way in which [illegible] space has been allocated between the supply quarters and the kitchen area.

Kitchen

Located within the vicinity of the [illegible] [illegible] requirements for [illegible] supplies [illegible] [illegible] [illegible]

DIAGRAM OF MAIN CATERING FEATURES



FOOD STORAGE, PREPARATION AND COOKING

Foodstuffs of all kinds will be delivered (daily or less frequently) at the Supply Centre's unloading dock and distributed in various ways. As storage space in the main building is more costly its area has been limited; the kitchen stores are planned to hold all perishables but little more than day-to-day stocks of other goods which can be topped-up from bulk.

The Provisions Store - in supply centre will hold the main stock of non-perishable foodstuffs, bread, milk and fats. Besides a group of cold rooms there is an open area laid out with mobile bins, shelves and open racks.

The catering officer will be responsible for authorising the daily issues from this main store to all user departments throughout the hospital; in which category must be included the subsidiary dry store, larder and deep freeze cabinets within the kitchen area.

Perishables: Stores associated with the kitchen receive all perishable foods direct by trailer from the unloading dock in the supply centre nearby. There is one store for vegetables and another for meat and fish, both cooled to suitable temperatures, and each accessible from the relevant preparation bay.

The declared policy of purchasing ready-prepared items wherever possible has enabled both storage and preparation areas for these perishables to be kept to a minimum. The demand on waste disposal facilities should be reduced by the fact that most vegetables are already peeled and sliced. The use of jointed, portioned meat avoids the necessity to provide a butcher's shop.

PREPARATION

Vegetables - the preparation bay leads directly off the store and is designed on the basis that most of the vegetables bought should need little further attention before they are transferred to the cooking area. Much of the work-load is likely to be the preparation of salads and fruit.

Meat and Fish - the bay is associated with the equipment used for cooking the meat and fish dishes which are prepared here; also with the larder and cold room where prepared dishes need to be stored in order to maintain correct standards of food hygiene.

Pastry and General - these bays are sited for ease of access to the larder and dry store, and close to the equipment which is used to cook the sweet dishes and confectionery prepared here.

COOKING

The large open space in the centre of the kitchen is allocated to all types of cooking equipment - boilers, fryers, ovens, etc in suitable groupings. For certain periods it will be the focus of intense activity, as between the preparation bays and the two service points(patient's meals one side, staff meals the other); care has been taken to reduce cross-traffic.

Even so the layout of equipment and associated services in this central space should not inhibit a certain amount of variation later if circumstances demand. "Modular" equipment has been selected to provide the necessary capacity in minimum space and to make cleaning easier. Portion control is assisted by the use of standardised containers designed to fit into both the cooking and the service equipment.

PATIENTS' TRAY SERVICE (UPPER FLOOR & GERIATRIC WARDS)

Facilities have been planned for the following method of service, using the equipment etc. to its optimum capacity:-

1. Selection of meals by patients on individual menu cards.

2. Individual trays to hold a complete meal for each patient, with main courses kept hot on a pre-heated base plate and sweets in an insulated bowl.

3. Trays taken to the ward on an unheated tray-trolley.

MENUS

Menu cards will be designed in three perforated sections, one section for breakfast, one for lunch and the other for supper. Each section will bear the name of the patient and the ward, including space for a number to be written in by ward staff. It should also be possible for the patient to indicate the size of portion.

It is suggested that menus might be taken to the wards on the tea or supper trolleys and collected from the wards by the staff taking the evening beverage trolleys. Ward staff will be responsible for distributing the cards to patients and collecting them later.

It will probably be found desirable to arrange a cycle menu covering 3 or 4 weeks.

The menu would offer the following selection daily.

Breakfast

Cereal, porridge or fruit juice
Cooked dish or egg (Poached, boiled or scrambled)
Bread, toast, butter, marmalade and tea.

Lunch and Supper

Soup or fruit juice
3 main dishes, vegetables, potatoes sauce and/or gravy; or cold dish with salad (The choice should offer suitable dishes for patients on light diet and for the majority of those on therapeutic diets).
2 sweets (one suitable for light and therapeutic diets) with custard and/or sauce; or ice cream; or cheese and biscuits; or dessert fruit.

(For Supper a similar selection would be available except that if desired one of the 3 main courses could be replaced by a sandwich).

DIETS

The menus should be devised in consultation with the Dietitian who will indicate the dishes suitable for certain types of therapeutic diets. The menu cards for these patients should have coloured labels attached to indicate the type of diet. Therapeutic diets which cannot be composed from the selective menu will be prepared in the diet bay and placed with all other meals from the conveyor belt.

TROLLEY LOADING, DELIVERY AND PARKING

Trays will be loaded on a conveyor belt. Server 1 will load the tray, menu card, cutlery and condiments. The other service stations will be arranged along the belt for assembly of all items on the tray according to the patient's individual choice as marked on the menu card.

The ward trolley will be brought forward before the meal service begins. As each tray comes to the end of the belt the loader will check the meal against the menu and put on the plate covers and bowl lids. The trays and their menus will be loaded straight onto the tray-trolley. Assembling the full 34 trays for each ward is estimated to take about 4-5 mins. For breakfast and afternoon tea, teapots each containing a tea bag will be collected from the still room and transported on the trolley top. The tea will be infused using the water boiler on the ward before the meal service begins.

DELIVERY

As soon as they are loaded, trolleys are taken by porters to their destination and handed over to ward staff. For the more distant wards two trolleys may wait to form a train for towing by one of the electric tugs, depending on how the comparative timing works out.

The ward staff deliver each tray to its named recipient, whether in bed or in the day-room. Nursing staff can then assist any patient who may have difficulty with feeding.

TROLLEY PARK IN KITCHEN

Close to the conveyor-belt and exit to street there is an open space in which all the trolleys needed for tray-service and also for bulk service (see next page) can be parked. It is equipped with suitably-mounted electric points for heating the bulk food trolleys before they are loaded. Maintenance and minor repairs may be undertaken here or in the works department.

The "turn-round" of trolleys on return from wards is described under Wash-Up.

MEALS SERVICE FOR OTHER PATIENTS

To extend the tray-service system to other parts of the hospital would have involved additions to the conveyor-belt and other equipment, but there were counter-indications i e. (not in any order of priority):-

Psychiatric In-and Day-Patients (combined) - for the majority who are not bedfast, tray service is less convenient than eating at tables.

Geriatric Day-Patients - as above; also, the system of prior menu-choice is difficult to operate when attendances are irregular.

Children - widely-differing requirements for young patients of all ages would not be easy to cater for within the standard system.

Isolation - infection control necessitates keeping own stocks of crockery and cutlery strictly within the unit, and not sending them on trays to and from central kitchen.

In all these cases, therefore, food delivery is by means of bulk heated trolleys to sub-serveries for local plating and distribution. To avoid confusion in kitchen, the bulk food trolleys probably ought to be loaded before or after the main tray-service takes place, but suitable times need to be agreed between catering officer and nursing officers in charge. Used crockery is still dealt with by central wash-up arrangements (see later) except of course in the case of Isolation.

SUB-SERVERIES:

Geriatric Wards and Day Hospital:- in each unit there is a ward pantry associated with the main day / dining area. It is equipped to provide a form of table-service for walking or wheelchair patients who come to the dining room,with a supplementary tray-service for patients who are bedfast. Staggered food deliveries will permit double sittings to be arranged as necessary.

Psychiatric:- the eventual choice will lie between a mixed service similar to the above or a complete cafeteria - type service.

Isolation:- the strict procedures described in Policy No.IIIF necessitate the provision of twin pantries with hatch connection; this enables the handling of the bulk food trolley to be kept quite separate from the individual distribution within the unit (using own crockery).

Children:- The serving of meals from the heated trolley to the individual children will probably take place at some convenient point within the open ward area. The possibility of adding a selective tray-service direct from the kitchen, e.g. for mothers accompanying their babies or for older children, should not be ruled out. In addition to the standard pantry in the link corridor there is a special room within the ward for storage etc., of infant feeding materials.

Intensive Therapy Unit:- limited demand for this area can normally be met jointly with tray-service to nearby wards, also there are insulated plate-carriers available in case of need. The Day and Emergency Unit, however, is served by hoist direct from the snack bar (see later).

BEVERAGES

Certain units are wholly self-sufficient, i.e. their ward pantries are intended to produce all the beverages needed there. They hold their own stock of teapots, cups and saucers, which necessarily have to be washed up on the spot (using a combined detergent/sterilant) and kept separate from any central crockery deliveries and returns at mealtimes. The units are:

"Package" - Isolation and Geriatric.

Annexes - Geriatric (plus Day Hospital) & Psychiatric

For all other inpatients, the ward pantries (and staff) can meet occasional beverage needs. But the service of routine beverages for these upper floor wards is centralised. By "routine" is meant those taken round the wards at regular times - early morning, mid-morning, afternoon and late night - but independently of meals, i.e. not including breakfast and supper.

Still-Room

The kitchen provides routine beverages for patients on the upper floor by means of a trolley-service from the still-room. Catering staff prepare and deliver the beverage trolleys, internal distribution being undertaken by ward staff. The trolleys are supplied with necessary crockery and hot and cold beverages, but tea is not infused in the still-room. To ensure that it is always freshly-brewed this is done by the ward staff immediately before distribution, using the electric water-boiler in the ward pantry.

Ward Pantries

These are located in the access corridors, each serving a pair of 34-bed sections. They are equipped with cupboards holding small stocks of crockery and beverage materials; a water-boiler and some method of heating milk; an underbench refrigerator; and twin sinks for washing patients' water-jugs and glasses etc. (There is a minor element of stand-by provision here, to cover possible break-down of any of the centralised facilities).

Similarly-equipped pantries are incorporated in certain other departments to meet ad hoc beverage needs.

Drinking Water

As indicated in Policy IIB, all cold water taps give a supply which is wholly suitable for drinking. Patients' jugs and glasses are cleaned and refilled as part of normal ward routine; limited supplies of ice may be available from the local refrigerators.

STAFF DINING ROOM & COFFEE LOUNGE

The dining room is entered by a corridor from the right side street; coat-racks are available inside, and toilets are provided off the street nearby.

The layout of the servery (which adjoins the kitchen area) is planned to minimise queueing. It offers a "free flow" service with choice of (priced) dishes for all grades of staff, and it has to include cash-desks so that the "pay-as-you-eat" requirements can be applied. It is separated from the dining area by a partly glazed screen for noise reduction.

The dining room is laid out with small tables in an informal manner. Special attention has been paid to making the decor and lighting as attractive as possible. Although there is no permanently segregated space for medical staff, room dividers may be arranged in such a way as to produce fairly secluded areas; this method facilitates staffing and allows full flexibility in use of space and services.

After their meal, staff will leave by the separate exit. There is a direct staircase for those going to the coffee lounge below.

Supervisor's Office

This is provided with glazed panels and strategically placed for observation of the whole dining area, including the servery. At peak periods it will be important to see that all foods come through from the kitchen without delay.

Cleaning

Near the exit there is a cleaner's room, the base from which the cleaning of the dining room and servery is undertaken, by appropriate staff.

COFFEE LOUNGE

The lounge was placed below the kitchen as a means of enabling a single still-room to provide routine beverages for staff as well as patients without any traffic difficulties, i.e. by means of a hoist connection. The hoist can convey a full trolley-load of beverages to the lounge servery every few minutes, and should meet all foreseeable demands during the recognised periods of use.

This location also enables the lounge to open on to two courtyards (one across the street); the attractive layout and decor take advantage of this, with long windows, french doors and outdoor seating in fine weather.

The lounge has in fact been sized to provide more general rest-room facilities, since it is accessible to staff working in the ground floor departments. For any such staff who are unable to leave their place of duty during "break" periods a limited trolley-service may be provided, not from the coffee lounge but from the snack bar.

CONCOURSE SNACK-BAR

This unit has been given a pleasant central location with accessible courtyards either side. Special attention is being paid to decor and layout. There will be 100 places, with chairs and tables grouped - possibly including room dividers - in a way that should allow the staff who choose to eat there some seclusion, but without spoiling the generally open aspects.

The accommodation includes all necessary (self-contained) facilities for storage preparation and cooking of beverages and light meals on demand, and for washing-up afterwards. There is also special cold-storage and microwave heating for the night-staff meals which are made available daily from the central kitchen, together with various vending machines.

Management

The above should indicate that the snack bar will be likely to attract a wide range of customers throughout the 24 hours, i.e. :-

Outpatients before, during and after their clinic attendances.

Visitors to the hospital for a variety of purposes.

Staff who elect to eat here during normal mealtimes; or who need a meal at other times when the dining-room is closed.

It is important that the service should be organised (with shift-staffing etc) in a way that enables varying requirements to be satisfied at any time. The normal cash accounting methods should present few problems now that staff have to pay for all meals. The supervisor will have to liaise with catering and supplies officers as appropriate, eg. for provisioning.

Besides a straight counter-service, the snack bar is expected to supply beverages and light meals to order, for patients in the day and emergency units, via the hoist connection. Provision is also made for a limited (ground-floor) beverage delivery by trolleys.

Trolley-Service from Snack-Bar

1. General (daily) rounds, for those few staff who may be unable to leave their ground-floor departments during the recognised coffee and tea breaks.

2. Education Centre (fairly regular) - beverages and possibly also sandwiches, to order, supplied via the sub-snack bars in doctors' and nurses' lounges.

3. Committee Teas (periodic) - supplied to order, for meetings taking place in the committee rooms in Administration.

Engineering Services

Extract ventilation is provided. All installed equipment (grills etc) is electrically operated. There is a medium size automatic dishwasher.

WASHING UP ARRANGEMENTS

These are mainly centralised, with the following exceptions:-

1. Crockery for any meals and beverages supplied by the snack bar must be returned direct to that unit for washing-up.

2. The pantry in the isolation unit is equipped to deal with the washing-up of all crockery and cutlery used by the patients there. The possibility of using certain disposable items to reduce this load should not be discounted.

3. In the ward pantries in psychiatric and geriatric units the need for washing-up relates only to the service of routine beverages which, as noted earlier, are not provided centrally. Meal-time crockery &c. is returned to the kitchen in the special trolleys provided (see below).

4. All pantries hold a small stock of crockery for occasional use, which is naturally washed in the sink and put away again by ward staff.

N.B. For sorting and maintaining local and central stocks of crockery, some kind of colour (or pattern) coding may be desirable.

Central Wash-up in Kitchen

This area has to deal with the returns from the staff dining room (direct) and lounge (via hoist) as well as from wards. It is fully mechanised, with careful regard for satisfactory work-flow. Clean items coming off the "line" are mostly stored on racks, etc. ready for re-use; however, the crockery and cutlery intended for meal-service in the psychiatric unit and geriatric day hospital has to be returned at once to their ward pantries for storage (see below).

Collection and Unloading of Used Trays/Trolleys From Wards

The number of meals and beverage rounds necessary during the day means that no time can be lost in recovering the trolleys and trays and their contents (including waste) to prepare them for reuse. This applies to all user areas throughout the hospital, subject to above exceptions.

The trolleys brought back to kitchen by porters (meals) or catering staff (routine beverages) are unloaded on to the conveyor belt which is then run in reverse, enabling the crockery and cutlery to be sorted and stacked for easier handling. The trolleys take these dirty loads into the wash-up, and are then cleaned down before being returned to the trolley-park.

The special plate-trolleys used for conveying meal-time crockery etc., to and from the geriatric day hospital and the psychiatric unit are reloaded in the central wash-up; then they stand ready in the "local" pantries until needed. Their electric heaters should be switched on about ½ hour before meal-service times.

KITCHEN CLEANING AND WASTE DISPOSAL

There is a separate bay for pan-wash just off the main cooking area. An equipment store is provided in the corner of the trolley-bay. Next to it is the cleaner's room, the base from which the cleaning of the whole kitchen is undertaken, by kitchen staff. The layout of equipment and fittings is carefully planned to facilitate this task, with unbroken surfaces wherever possible as regards both worktops and floors.

The cleaning of trolleys on return from wards has already been mentioned.

Waste Disposal

The system of buying prepared foods, and the controlled portioning of meals, are intended to minimise the amount of swill generated within the kitchen; the installation of waste disposal machines should leave no cause for it to be collected and taken away.

The sorting of tins, bottles and other refuse into colour-coded sacks for collection is undertaken by kitchen staff in exactly the same way as has been described in Policy No. IID.

There is a waste disposal machine in the Snack Bar, also paper / plastic sacks for refuse.

As regards the Isolation Unit, infection control procedures will necessitate special arrangements for collection from the disposal pantry there.

ENGINEERING SERVICES

Kitchen activities are liable to make heavy demands on the engineering services, which must be designed to support the due functioning of equipment and maintain a reasonable environment for staff, even under peak working conditions. Maintenance requirements (access, etc. - See Policy No. IIC) should never be allowed to disrupt the department's daily routine.

Heating and Ventilation

Such limited need of space heating as may arise in the kitchen is met mainly by fan assisted convector units mounted at upper levels for least interference with working surfaces and equipment.

The pressing demand is for adequate ventilation, which cannot be satisfied by natural means. The north-light and clerestory type roof design not only gives natural light but enables local mechanical extract by fans to be incorporated as required, with canopies over specific items of equipment, eg. fish fryer. Input air is provided by the convector units, in which the heater element can be switched off during summer months.

Water Supply and Drainage

The kitchen uses large quantities of hot water throughout the working day, in winter and in summer, and this is allowed for in the main installation.

There is ample provision of cold water outlets, for drinking as well as for preparation/cooking.

Drainage mains are sized to cope with the peak load, ie. during main meal washing-up. All sinks, traps and drains are readily accessible for maintenance purposes.

Refrigeration: Plant room 4/40 is located on roof above the group of cold stores and serves all cooling requirements of the department.

Town Gas: This installation is intended to serve all those items of kitchen equipment for which it is most suitable.

Electrical Installations

All mains, sockets, meters and switchgear are adequately protected against humid conditions, located well above floor level, and easily accessible.

Electric-powered kitchen equipment is not included among the categories covered by the emergency generating plant.

There is good natural lighting over most of the area, supplemented generally by fluorescent fittings and by tungsten lighting in some areas.

Fire Alarms and Extinguishers are installed as advised by local fire authority.

CATERING MANAGEMENT

The Group Catering Manager will have his office elsewhere. His responsibilities should include:-

co-ordination of catering services for all hospitals in the Group.

advising the Group Secretary and HMC on catering matters, and implementing policy decisions.

supervising appropriate systems of financial control - stocks, catering costs, payment for staff meals, - as determined by the Group Treasurer.

co-ordination of catering services within the dgh. ie. activities for which the catering officer, dietitian and snack bar supervisor may be separately responsible.

organising and supervising training programmes for catering staff.

Hospital Catering Officer

His office is just across the street from the kitchen, with adjoining offices for Deputy and clerk/typists. Responsibilities include staffing and supervision of kitchen, dining room and meal/beverage services throughout hospital, also production of menus jointly with dietitian. Liaison with supply centre on ordering and storage of foodstuffs has already been mentioned.

Dietitian

An office has been provided for the dietitian on the fringe of the outpatient and physical medicine departments. In addition to supervising the therapeutic diets for in-patients, she has to attend specific out-patient sessions, when a room in that department is allocated for dietetic advice purposes. At other times she may see patients, relatives and staff in her office.

Snack Bar

This is planned to be capable of functioning if desired as an entirely separate organisation, save in two respects:-

a. ordering and receipt of supplies (not storage) should be through Supplies Department; and

b. main meals for night staff are prepared by central kitchen, then chilled and passed to snack bar for reheating and service as required.

Security (see also Policy No. IIA)

Subject to overall hospital policy, the safeguarding of food stocks in supply centre should be looked after by the staff there, and of food stocks elsewhere by the catering officer. Risk of pilfering demands adequate control procedures.

Catering Staff

A provisional estimate of staff requirements for all catering services in the dgh might be:-

Management:	(1	Group Catering Manager)
	1	Hospital Catering Officer
	1	Deputy Catering Officer
	1	Dietitian
	1½	Clerks (to include menu analysis)
Kitchen:	1	Kitchen Superintendent II
	1	Head Cook
	4	Assistant Head Cooks
	8	Cooks
	8	Assistant Cooks
	12	Domestic Assistants (allowing for ready-prepared vegetables, etc)
	4	Kitchen Porters
Dining Room Wash-Up, and Tray Service	1	Senior Supervisor
	3	Supervisors
	5	Senior Maids
	27	Service Assistants (Dining Room)
	8	" " (Still Room)
	22+	" " (Tray Service)
Snack Bar:	1	Supervisor
	7	Service Assistants
	3	Cashiers

Reserve for sickness and annual leave @ 10%:-

1	Cook
2	Kitchen Assistants
7	Service Assistants

Staff Facilities

Male and female cloakrooms (with lockers just outside) and a rest room are provided within the main kitchen area. Catering is on a "pay-as-you-eat" basis in dining room or snack bar, as for other staff. The allocation of residences for essential duty staff is mentioned in Policy No IIF, which also describes other facilities such as the Staff Health Clinic.

Graphical Summary of Whole System

Service / Consumers	Kitchen Meals		Routine Beverages		Wash-up		Snack Bar		Staff	
	Tray	Bulk	Still-Room	Local Pantry	Central	Local	Meals etc	Bev Trolley	Dining Room	Coffee Lounge
Patients in:-										
Gen Acute and Maternity	X		X		X					
Children's Unit	(X)[1]	X	X	(X)[1]	X					
Day/Em Unit				X			(X)[3]			
ITU	X			X	X					
Geriatric Wards	X			X	X	(X)2				
Psychiatric Wards and Day		X		X	X	(X)[2]				
Geriatric Day		X		X	X	(X)[2]				
Isolation		X		X		X				
OPD							X			
Staff:-										
Wards and generally							(X)[1]		X	X
Education Centre								X		(X)[1]
Ground Floor Depts (extra)								X		(X)[1]
Night Duty							X			
Visitors:-										
General							X			
Committees								X		

Notes:
1. optional use
2. beverages only
3. via hoist connection

KINGS LYNN "BEST BUY" PLANNING POLICY NO IIF

FACILITIES FOR STAFF

CONTENTS:

Welfare and Recreation	3
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REFERENCES:

IBSG "User Requirements" Section A

Department's letter of 8.9.64 on Recreation Facilities

BN No 24 (Residences)

"Changing Accommodation for Non-Resident Staff" (The Hospital Centre 1965)

"Changing Accommodation for non-Resident Staff" (Scottish Hospital Centre, 1968)

"The Care of the Health of Hospital Staff" (CHSC Report, 1968)

DS (Supply) letter 13/71 re Nurses' Dresses.

File Ref: J/H189/25

PURPOSE

Although certain savings of space and cost are being achieved throughout the main departments and services, in accordance with the project team's brief, care is always taken to maintain the functional efficiency of the design. This concern for acceptable standards is particularly apparent as regards staff facilities, the planning of which not only covers their "traditional" needs but aims to include up-to-date refinements as well.

Pleasant working conditions can contribute to the staff's performance of their duties and thus indirectly to the patient's welfare. For the same reason, and since in hospital life the demarcation between duty and off-duty periods is often ill-defined, it is important to make good arrangements for staff rest, welfare and recreation. To complete the picture, there should be an adequate amount of residential accommodation available.

As the provision of these various staff facilities has been approached on a whole-hospital basis it is appropriate that most of them should be described in a comprehensive document. This can then serve as a convenient point of reference for other general and departmental policies, saving unnecessary repetition.

However, certain aspects have been omitted because their detailing is more appropriate to other policies, ie:-

Dining room, coffee lounge and snack bar	-	No IIE
Library and common rooms	-	No IIG
Chapel, bank and shop	-	No IIK
Ward staff base and offices	-	No IIIA

LOCKERS OR BASKETS

As regards the vexed question of clothes storage in the changing accommodation for non-residents, the original (Mark I) policy was based on having non-personalised wire basket-hangers which needed attendant staff at all times. However, this has to be reviewed because of its recruitment and revenue cost implications; for example an evaluation had since been made of such facilities in use at a north country hospital.

The alternative adopted for Mark II is to provide personal lockers which can be used as each individual wishes and do not need constant attendance. The increased area and capital cost is justifiable on a "present worth" basis. The lockers are purpose-designed to incorporate racks for clean uniforms separate from the customary hanging-space for outdoor clothes.

DEFINITIONS

In this policy and on the plans, the titles given to different rooms are meant to distinguish their functions as follows:-

STAFF WC	-	containing only WCs (and washbasins)
STAFF LOCKERS	-	containing only lockers (and coathooks)
STAFF CLOAKS	-	containing both the above categories
STAFF CHANGING	-	containing, in addition to above, showers and/or cubicles.

WELFARE AND RECREATION

There is a number of respects in which the arrangements for staff welfare need to be properly organised. The responsibility for this may differ with local circumstances, but it seems most likely to fall on the Administration side, eg on the Personnel Officer (see Policy No IIH). The headings on later pages will cover some of the topics he is concerned with, often by liaison with departmental heads and designated officers, and others are mentioned below.

Accommodation of all types:-

- the allocation of on-site residences as later described;
- the management of off-site housing, either directly or by arrangement with the local authority;
- publication of an approved list of lodgings etc.
- (possibly) advice and assistance to house-purchasers

Car Parking

Now that the need for non-resident staff to have some parking places is being accepted as part of the total provision (ie normally 1 place per bed - see Policy IIA), problems of allocation are almost bound to arise. An equitable permit system must therefore be drawn up for the guidance of the Head Porter.

Financial Matters:

- ensuring that the concourse shop and bank are managed in the best interests of the hospital and provide all necessary services.
- dealing with problems arising in connection with board and lodging charges (including perhaps those relating to "pay-as-you-eat");
- ensuring that the procedure for dealing with queries on salaries, wages, income tax, etc is satisfactory.

Social Activities:

- encouraging the formation of clubs, promotion of dances and other communal activity;
- ensuring availability of suitable rooms like the gymnasium and lecture theatre for use outside working hours;
- liaison with outside interests, League of Friends etc.

Staff Recreation Centre: This is conveniently located near the main entrance to the precinct; it comprises facilities for social functions and indoor sports, including a squash court. Tennis courts are provided nearby.

Day Nursery:

This is for the children of staff members; it is accommodated in the same building as the recreation centre and thus equally accessible to the main entrance.

STAFF HEALTH AND SAFETY

Although the main centres of industrial-type activity (eg Laundry and CSSD) may be elsewhere, and the boiler houses are fully automatic, there is still a good deal of machinery used in the hospital which demands proper precautions against injury to its operators.

It is expected that a Safety Officer would be nominated; among his tasks would be to ensure satisfactory procedures for those working the incinerators and crushers, for engineers servicing the roof-top installations (portable safety railings are provided), for those who drive the supply tugs, and so on.

Fire Precautions (as mentioned in Policy IIB) will be relevant to the safety of staff, as well as patients and visitors.

Control of Infection is another aspect which must not be overlooked. Although the officer designated as responsible for this would be primarily concerned with safeguarding patients, the enforcement of the necessary procedures will naturally have the interests of the staff in mind as well; in fact some are specifically for staff protection.

First Aid arrangements have to be made through the Staff Health Clinic during normal working hours and through the Accident and Emergency Department at other times - of course these 2 departments must have good liaison.

STAFF HEALTH CLINIC

The self-contained suite is located quite near the OPD and intended to enable a proper occupational health service to be set up for all staff working in the Group. Rooms are provided for the various purposes as follows:-

Consult/Exam Rooms (2) - for use by general practitioner(s) in attendance. All necessary facilities are available, and patients may be given immediate treatment. referred elsewhere (eg to Central Treatment Rooms or X-ray), or confined to bed for short periods.

Rest Room - where staff may spend brief recovery periods after being attended to. (Those needing the full treatment facilities of the hospital would generally be admitted to in-patient accommodation).

Office for Occupational Health Nurse - with reception counter and storage for confidential records; also waiting area outside.

Supporting Services - toilets, supply and disposal rooms.

REST AND NIGHT DUTY ROOMS

The main staff rest room is the ground-floor (coffee) lounge, which was described in Policy No IIE. Also there is a lounge and common room in each "half" of the Education Centre, it one pair for nurses and the other for doctors. The attractive decor and comfortable furniture should make them welcome resorts during off-duty periods.

For those who may be unable to leave their departments, "local" rest rooms are provided as follows:-

Operating Department (separate rooms for doctors, nurses and technicians)
Intensive Therapy Unit
Central Kitchen
X-Ray Dept (including beverage unit)
Physical Medicine Department
A & E Dept (including handbag lockers)
Telephone Exchange (including beverage unit)
Main Entrance (porters and ambulance drivers)
Staff Entrance (porters' pool)
Works Dept (ie mess room)

Staff who feel unwell may wish to lie down for a short period in quiet surroundings. On the ground floor there is a rest room for this purpose next to the main non-resident staff changing area. On the first floor there are rooms provided for overnight stay which are likely to be vacant in daytime and may therefore be put to this alternative use.

The facilities for medical or nursing attention (together with recovery room) available at the Staff Health Clinic have already been described.

OVERNIGHT "ON-CALL" ROOMS

Pairs of single-bed rooms with associated WCs and showers, for particular officers who are required to be on immediate call - but not necessarily active duty - during the night, are provided as follows:-

A and E Dept	-	1 doctor, 1 radiographer
Pathology Dept	-	2 technicians
ITU	-	1 doctor inside and another outside but nearby
Maternity Dept	-	2 doctors

Any meals or beverages needed by such officers should be available at the concourse snack-bar.

DEPARTMENTAL CHANGING AND TOILET FACILITIES

Staff Cloaks or Changing Rooms are associated with the following departments for the reasons shown:-

Operating Theatres	- Strict procedures needed for control of infection (See Policy No VB).
Abnormal Delivery Rooms) SCB Unit))	- the infection-control procedures will be equally applicable to gp's and midwives coming from outside.
Intensive Therapy Unit	- clean/dirty disciplines are desirable.
Isolation Unit	- infection-control has to be specially strict.
Physical Medicine	- staff may wish to change before and after certain sessions or types of treatment.
Mortuary	- needs to be self-contained in these respects.
Pathology) X-Ray) shared Main Kitchen) Supply/Works & HSSU)	- to avoid having staff in soiled overalls etc. walk through the streets to the central changing rooms.

Toilets

The complete rationalisation of toilets etc, has taken account of the needs of staff working within wards/departments, of out-patients attending clinics, and of visitors who may be in any part of the building at any time. In most cases it is convenient to segregate the staff WCs from those meant for patients and visitors, but there are a few (eg in OPD and off the streets) which can reasonably be allocated for general use.

Cloaks and Handbag Lockers

Staff who use the central changing rooms (see later) or who come straight from the on-site residences - ie in all departments except those listed above - will need somewhere to leave personal belongings at their workplace while on duty. This need is met by the provision of coat-hooks and handbag lockers (non-personalised) at the entrances to wards, etc.

Usually these facilities are incorporated in the designated "staff cloaks". However, separate locker rooms are provided in the following places:-

for General Acute Units 27 & 28 (left front)	- inside the entrance to 28
" " " " 29 & 30 (right front)	- " " " " 29
" OPD and Accident/ Emergency	- near the entrances from street.

Offices in Administration and elsewhere are being equipped with the usual coat-hooks and lockable desks; while the common rooms in Education Centre will contain special hanging-rails.

CENTRAL CHANGING ROOMS FOR NON-RESIDENT STAFF

Although the departmental changing rooms already described will serve a fair number of staff, the needs of the majority can be met more economically by centralised facilities. The desire to allocate lockers on a personal basis - even to part-time staff - means that these facilities demand a lot of space. That space has therefore been laid out in a flexible way, allowing for adjustment between grades and sexes, without inhibiting conversion to some other use if the policy is changed; for example, the partitioning mostly contains no services.

Proposed Sub-Divisions

The NRSC accommodation is located just inside the 2 staff entrances to the main building, along the left side beyond Administration. It comprises a large open room for most of the female nursing staff, a small room for medical staff, and between these a space which has been partitioned into rooms for male and female nurses and male and female ancillary grades. The whole area will be mechanically ventilated, and decorated as attractively as possible.

Each of the rooms has a separate entrance and exit for one-way traffic in busy periods. Just inside the entrance is a drying rail for outdoor coats. The lockers will be of a type which requires a personal padlock and includes storage for clean uniforms on top of the ventilated cupboard space. Numbers of lockers have been assessed on the basis of very provisional staff complements, with due allowance for part-time staff.

The complement of toilets, showers and changing cubicles is suited to the estimated peak atttendance over a 40-minute period, rather than the nominal locker capacity of each room, ie:

		LOCKERS	WCs	WASHBASINS	SHOWERS	CUBICLES
rear	(A Female nurses (main)	600	15	10	8	12
entrance	(B " " (subs)	120	3	2	2	2
	(C Male nurses	120	3	2	2	2
"admin"	(D Male ancillary	120	3	2	2	2
entrance	(E Female "	250	6	4	4	4
	(F Doctors	55	1	2	1	1

PROCEDURES IN BRIEF

Start duty - enter changing room, leave coat on drying rail if desired (can be made secure), go to allotted locker and open with own key, change into uniform/overall from rack above (using cubicle if desired), leave outdoor clothes in locker, fasten padlock and take key in handbag or pocket to workplace.

Finish Duty - return to changing room, collect coat from rail and open locker take clothes into cubicle (after showering if desired) and change into them, refasten locker, tidy up and depart, depositing soiled uniform in linen roundel beside exit.

SECURITY

It is not intended to allocate staff for permanent supervisory duties in the changing rooms, therefore the safeguarding of personal belongings must be the individual's own responsibility.

ISSUE AND EXCHANGE OF PERSONAL UNIFORMS

The proximity of the linen rooms to the NRSC area is meant to facilitate the supply and disposal of uniforms, overalls, etc (see Policy IID). Items collected into the dirty linen rooms will be despatched in bulk by trailer-van to the central laundry. After processing there they should be returned fit for immediate distribution from the clean linen room, ie folded to a size which the locker-racks will accept and with appropriate indentification marks showing.

Distribution

The possibility of making the staff collect their own uniforms from sub-distribution points, eg from open racks in each changing room, was carefully examined. However, this would have needed more space and even so the risk of a chaotic situation arising at peak periods (with resultant delays) seemed too great. It is therefore intended that each person's supply of clean uniforms should be delivered to his own locker. The number of staff to be served in this way makes a well-ordered system essential, but the requisite allocation of linen staff should be justified by the overall saving of changing-room time.

While the precise method of labelling uniforms may depend on local circumstances, it seems clear that if the lockers are to be serially numbered there are advantages in doing the same with the uniforms. For staff whose overalls, etc need to be only semi-personalised (ie not fitted but chosen from a range of stock sizes) the size required might perhaps be noted on the locker. The sewing-room is planned to be the management centre for these tasks.

SEWING ROOM

This is located quite close to the linen rooms and adjoining the nurses' lounge and common room in the Education Centre. It is here that up-to-date records of uniform sizes and issues should be kept for all the staff concerned, if the system is to work properly. The supervisor will have to liaise closely with other officers concerned with the supply and laundering of uniforms, and with the Personnel Officer in Administration.

As the sewing room is not meant to be concerned with repairing ordinary hospital linen, or to do much in the way of making-up raw materials (see Policy IID), it should be able to provide a good service for the fitting, alteration and repair of uniforms, etc. There is much to be said for staff taking pride in their appearance as well as their work.

CLOTHING SUPPLY FOR OTHER USERS

The central arrengements described on previous page will not meet the needs of those who go direct to the departmental changing rooms listed earlier. Also, protective clothing often has to be provided in some departments for ad hoc use, although here the use of disposables may be a relevant factor. Whatever the reason, it will be necessary to organise daily deliveries of clean coats, gowns, overalls and the like to "local" changing rooms, where they will be stowed away as follows:-

Operating Dept	-	tiered pass-through racks inside the entrances.
Abnormal Delivery)	-	
SCB Unit)	-	tiered plain racks inside entrances for ad hoc
Intensive Therapy)	-	use by visitors, etc <u>and/or</u> racks above personal
Central Treatment)	-	lockers.
Mortuary)	-	
Isolation)	-	
Pathology/X-ray)	-	
Physical Medicine)	-	personal lockers as in NRSC area.
Main Kitchen)	-	
Works)	-	

Disposal arrangements for soiled clothing, as elsewhere, are by means of linen roundels beside the exits.

Staff Residences

The warden's office in the residential area should have an adjoining linen room where uniform etc deliveries for the staff concerned can be received and stored. Periodic issues to individuals may be effected either by having them call and collect at specified times, or by means of delivery to their rooms, whichever seems the more convenient.

RESIDENTIAL ACCOMMODATION

The King's Lynn residential provision is phased to meet the requirements of each succeeding development on the Holding's Hill site. Phase I comprised a 56 bed Maternity Unit with temporary supporting services. Phase II will be the main development providing for some 633 beds (plus 20 SC Baby cots and Day Hospital facilities). Phase III will finally bring the total beds on site to 827.

The on-site accommodation provides what is currently felt to be the essential basic accommodation for nurses in training, doctors both married and single, and a small number of places for other staff. It has been designed to conform to the Building Note standard and can be used quite flexibly. The third Phase will be capable of adjustment in the light of current demand and should provide an element of insurance against under-or over provision in Phases I and II.

Details of the accommodation to be provided are as under:

	Phase I (complete)	Phase II	Phase III	Total
Scale A	-	116	34	150
Scale B	30	24	12	66
Scale C	4	16	-	20
Scale D	2	6	3	11
Scale E	-	1	-	1
Scale F	3	12	10	25
	39	175	59	273

Scale A 4 bed-sits, kitchen, bath and wc to each flat, for use by trainee nurses and a small number for use of domestics.

Scale B 3 beds with communal sitting room, kitchen, bath and wc to each flat for use by trained nurses, single House Officers, and a small number of professional and technical staff.

Scale C 2 bedrooms, 2 sitting rooms, kitchen, bath and wc to each flat, for use by sisters or single SHOs.

Scale D Single bed s/c flat which can be used for more senior grades of medical and nursing staffs including married couples without children.

Scale E 3 bed flat for use of married medical or nursing staff with children.

Scale F 2 bed flat for use of married medical, nursing, professional or technical staff with children.

The residential site is in a woodland setting and will be attractively laid out with access roads and paths; adequate parking spaces and garages will be provided. Because of the sloping nature of the ground the main entrances to several of the blocks will be by pedestrian bridge from the peripheral road system.

Each block of flats has 3 wings surrounding a central staircase and in some cases the blocks themselves are linked to give an extended staggered development. Box-rooms are provided generally on the top floor of each block and each floor has a store.

SOCIAL NEEDS

Common rooms for the type "A" accommodation are provided on the ground and first floors where appropriate. A Warden's Office, linen store and visitors' toilets are situated centrally and a launderette is provided to serve the needs of all resident staff.

As described earlier, the staff recreation hall has been deliberately sited close to the hospital main entrance, together with the tennis court(s) etc.

RESIDENTIAL ACCOMMODATION - MANAGEMENT

The Warden will supervise the whole of the residential accommodation, under the general authority of the Accommodation Officer. Her office is located in the main residential block and she will be expected to maintain records, assist staff with their enquiries, receive messages, issue keys, supervise use of the launderette and the general housekeeping requirements.

LINEN AND SUPPLIES

A linen store is provided adjacent to the warden's office and will be the focal point for main deliveries and collections relating to the residential site.

Internal transportation will be organised through the general portering service, using standard-type containers wherever possible.

CLEANING AND DISPOSAL

An allocation of domestic staff is needed for the communal areas and a store for materials and equipment is provided.

The residences are included in the time-tabled collection rounds for the hospital proper and refuse will be dealt with as described in Policy IID.

ENGINEERING SERVICES

In most respects these are provided by direct connection to the main hospital building but central heating and domestic hot water supplies will be provided independently.

In addition to internal switchboard connections a number of coin operated callboxes will be provided for the use of staff in residential accommodation.

The residential area is a quiet location and will be accessibly laid out with access roads to each house, connecting directly across and garages will be provided adjacent to the dwellings. The grounds of the main entrance to control of the airport will be by conveyance either from the peripheral road system.

Each block of flats has a very accommodating, a central elevator and in some cases the blocks are linked. Each dwelling is provided with a separate garage. The rooms are provided generally on two floors, so each block has each floor has a stairs.

SERVICE FACILITIES

Common rooms for the two "A" accommodation are provided on the ground and first floors where appropriate. A shopping's offices, these shops are equipped with all normal facilities and a laundrette is provided on being the shops of all trades or small.

As described earlier, the shopping centre has been satisfactorily sited close to the Dwellings main entrance, conveniently the church centre) etc.

COMMERCIAL ACCOMMODATION - WAREHOUSE

The Warehouse will accommodate the needs of the residential accommodation, under the control and staffing of the Accommodation Officer. The office is located in the main residential block and the shop is accessed by vehicle access, which could with costs economical, Health Service, Repository was of the Warehouse and the Service, Dwellings residential.

CLEANING AND DISPOSAL

A linen room is provided adjacent to the warden's office and will be the focal point for main delivery and collection relating to the residential site.

Internal transportation will be regulated through the general operating service, using a type operation delivery vehicle.

CLEANING AND DISPOSAL

Adjacent to the Warehouse a small is needed for the commercial area and a store for materials and equipment is provided.

The requirements are included in the line-heated pulverisation remote for the hospital power and refuse will be treat with as described in Policy 220.

SUPPLEMENTARY SERVICES

In more remote areas a is provided by direct connection to the main hospital building and central heating and hot water supplies will be provided independently.

In addition to internal multi-channel telephones a number of coin operated public will be provided for the use of staff in residential accommodation.

KINGS LYNN "BEST BUY" PLANNING POLICY NO. IIG

EDUCATION CENTRE AND LIBRARIES: MEDICAL PHOTOGRAPHY

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HM(70)23 - Library Services in Hospitals.
HM(73)8 - Teaching on Patients

File Ref. J/H 189/58

GENERAL PRINCIPLES

Staff training is a function of growing importance which has to be accommodated throughout the hospital. Nearly all wards and departments are provided with a seminar room in which small groups of the people working there may assemble for tuition, mainly of a practical nature. Sometimes this provision is augmented, notably for purposes of midwifery training - see later.*

While for most of the other disciplines the focus of training activity should remain within their own departments, for doctors and nurses it has to be formally centralised. By juxtaposing the Nurse Training School and the Postgraduate Medical Centre one can give to each of these major users not only a set of rooms for their exclusive use but also a share of other facilities; these can be used either simultaneously (eg the library) or sequentially (eg the lecture theatre).

With goodwill on both sides, programmed sharing on this minor scale ought to present few problems.

In fact the design of the "Best Buy" Education Centre typifies many of the benefits stemming from overlapping of functions and co-ordinated use. Not only the doctors and nurses but also other disciplines which may have to organise courses of training will find an occasional need for larger, better-equipped rooms in which to arrange special lectures and demonstrations. The grouping of these rooms together in one department should help to ensure that they are used as fully as possible, in daytime and evenings, and thus produce worthwhile economies.

USER CO-ORDINATION

Besides all the scheduled training sessions it should be possible to include in the Centre's timetable an occasional allocation of rooms for other purposes, eg for liaison with the community health services or for staff recreation. A notional programme of use has been included with this policy to illustrate the scope available. It is strongly recommended that a User Co-Ordination Committee be set up.

LIBRARIES

By the same token as above, there should be a community of user interest in building up good reference libraries - and thus arguments in favour of grouping them together. If this combined library is located in the common ground between the medical and nursing centres, like the lecture theatre it is equally accessible to either.

The patients' library is necessarily in a separate room, but its grouping with the other library facilities will enable all users to benefit from the services of a trained librarian as recommended in HM(70)23.

MEDICAL PHOTOGRAPHY

This small department serves a variety of functions, one of which is the preparation of teaching material. It has been planned in conjunction with the Education Centre and is therefore being described in this policy, although of course its support for the diagnostic and treatment services is also referred to elsewhere.

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* Additionally, special viewing facilities are provided in relation to the operating theatres (disposal corridor), special care baby unit, central treatment area (one room), and mortuary.

LAYOUT AND ENTRANCES

The Education Centre is situated within the "core" of the hospital on the ground floor, along the full length of the left side street. On the outer side of that street are three corridors giving access to the various administrative and staff changing areas, also the staff entrances. Equally convenient are the staircase links to the upper floor for staff moving to and from the wards.

As already indicated, the Centre falls into three sections - a nurses' end, a doctors' end, and the "common ground" between them. Each section has its own entrance off the street. A through corridor links the sections and continues into Medical Photography, which also has a separate entrance from the rear street. The main features of each section are as follows; on later pages they are described in detail, including the various teaching rooms.

POSTGRADUATE MEDICAL CENTRE

One entrance to this is from the front street beside the chapel; inside it there are male and female toilets, and beyond them the through corridor to the other sections. An inner door gives access to the medical staff common room/lounge, with ample coat-hanger rails just inside. At the opposite end of the lounge is another street entrance; beside it are offices for the clinical tutor and his secretary.

The lounge is a large open area, in one corner of which is a well-appointed snack bar with its own store. The way this is run will be a matter of local arrangement, but in Policy No IIE the possibility of some liaison with the concourse snack bar is envisaged, at least for food preparation. Also opening off the lounge is a separate TV/common room which may be used by resident medical staff.

Both these rooms have french doors to the courtyard, with outdoor seating in fine weather. Their attractive decor and comfortable furniture should make them a welcome resort for all grades of staff and an informal meeting place with "outside" colleagues, as well as the focus of postgraduate training.

COMMON FACILITIES

Halfway along the side street is a lobby. From it one doorway opens into the main lecture theatre, which has at its opposite corner another lobby and then the through corridor to classrooms etc.

The second doorway from the street lobby enters the patients' waiting and reading room. In one corner of this room is a "broadcasting studio", ie the control centre for all internal (radio and possibly TV) sound transmissions, including record and tape decks. Beyond it is the whole of the library complex.

NURSE TRAINING SCHOOL

The entrance is at the corner of side and rear streets, and the facilities provided are almost indentical with those for the doctors although the layout is somewhat different. The large number of tutors' offices necessitates locating them in the heart of the school rather than near the entrance; but otherwise nurses should find that the combination of lounge, common room, snack bar etc offers them a very welcome meeting place for both formal and informal occasions.

The snack bar in this area does not include its own store, but it is thought that to cater for large attendances the main staff lounge at the other end of the rear street may be more convenient.

POSTGRADUATE MEDICAL EDUCATION

The purpose of the Centre is to provide facilities for postgraduate education for hospital staff, general practitioners, local authority staff and members of other services contributing towards medical care. Also to encourage meetings with scientists, social workers and allied professions.

When such a Centre is added to an existing hospital, there may often be no choice but to provide self-contained facilities in a separate building. However, the planning of an entirely new hospital permits a more rational approach.

By combining the Postgraduate Medical Centre and the Nurse Training School and enabling certain facilities to be shared it was found possible to provide all the accommodation required by both, with considerable saving of space but without sacrificing the essential independence of either.

It is recognised that the full development of the Centre's activities may take some considerable time. Not only does the accommodation provided within the Centre allow scope for more intensive use, as the notional programme shows, but in the longer term the possibility of expansion should not be discounted. (see Policy No IIL).

Organisation

The Medical Executive Committee is responsible for the administration of the Centre but may delegate much of the organisation and daily management to a clinical tutor, who would also be one of the consultant medical staff.

An office is provided for the clinical tutor beside the side street entrance. There is a separate secretary's room, in which the necessary training records are also kept. Document reproduction is done centrally in Administration.

The main group of consultants' offices is also in Administration, quite near at hand for use of the centre's common rooms, etc., which were described earlier. Associated with the consultants' offices is a diagnostic index study room.

Educational Facilities

Exclusive Use:

- Seminar Rooms 4 and 5, each seating 10-12 persons at tables for purposes of informal discussion or tutorials.
- Classroom B to seat about 20 persons, with blackout and TV facilities.
- Large wall panel in corridor for visual display of subjects of general interest.

Shared Use:

- Lecture Theatre for occasional use by larger groups in daytime or evenings according to programme - see later.
- Presentation of Patients: either in lecture theatre, for which there is a special patients' waiting lobby (see later) or exceptionally by arrangement in the demonstration/practice suite of nurse training school.
- Reference Library (see later).

REFERENCE LIBRARY

As suggested in HM(70)23 the aggregation of areas allowable for libraries in connection with medical education and nurse training has enabled comprehensive provision to be made for:-

- Technical reference books on medical, nursing and comparable subjects.
- Study and research work (by hospital or health service officers).
- Display and storage space for wide ranges of periodicals and journals.
- Information retrieval services, production of bulletins, etc.

Storage and Display

Access to the reference library is via the internal corridor because it is mainly an educational facility, but its services are available to any authorised user. Beside the entrance are the librarian's office, issue counter and workroom (see later). The open space within the entrance contains notice-boards, periodicals on display racks etc., also some tables and chairs. Ranged along the inside wall are the shelved bays for the reference books, enough to allow considerable scope for expansion as time goes on.

Study Bays

The space along the outer (courtyard) wall is mainly given over to island pairs of study carrels. There are 4 such pairs, with day-lighting and good local illumination for the desks, enabling individuals to pursue their reading and research without distraction.

Research on patients' case notes, by arrangement with the Medical Records Officer, is generally undertaken in the diagnostic index room in the Records Department (see Policy No IIJ).

User Satisfaction

It is important that the librarian (see next page) should be responsive to comment and suggestion from any staff members who may need to use the library. One way of channelling such comments - eg to ensure that any available funds are applied to expanding and improving the service - might be to make them the responsibility of the User Co-ordination Committee already mentioned for the Centre as a whole.

Even a well-equipped hospital library cannot hope to stock every type of reference work that the staff may need, therefore familiarity with "outside" sources of information (eg MEDLARS) will also be of great assistance.

PATIENTS' LIBRARY

This is entered from the side street via the reading room section. It provides a wide range of light reading, mainly for patients but also for any staff members who may care to borrow books. In fact the most suitable way of assuring good selection and frequent renewal of stock is by arrangement with the public library service of the local authority.

The library is fitted with tiered bookshelves around the walls and in a central island. This is a familiar layout and it should include some magazine racks. Besides staff members who attend, there may be a certain number of ambulant patients wishing to come and make their own choice from the shelves rather than await the trolley-rounds. The design includes a linked reading room with outside windows and easy chairs. The use of this room is shared with the occasional patient brought from the ward (possibly in his bed or wheelchair) and waiting to be seen by the audience in the lecture theatre just beyond, as described later.

Trolley Service to Wards

It is customary for the daily task of taking book-trolleys round the inpatient wards to be carried out by members of one of the voluntary services. This is wholly desirable, so long as the extent of service, choice of books offered, etc. remains the concern of the librarian.

The library allows space for the trolleys to be parked overnight; they can be wheeled around the shelves for loading purposes.

MANAGEMENT OF BOTH LIBRARIES

The librarian's office is located between the reference library and the patients' library, with a counter each side to facilitate supervising both these aspects of the service. There is also a workroom for reception and classification of books, etc., and for such repair work as may have to be carried out.

It is assumed that a chartered librarian will be appointed, either by direct engagement (possibly in association with another hospital in the vicinity) or preferably by some form of co-ordination with the public library authority, which should be able to offer a reasonable career structure.

By virtue of paying the officer's salary the hospital authority can retain proper control of policy and its implementation for the benefit of all users.

LECTURE THEATRE

This large, well-appointed room may be entered either from a lobby off the side street or from another lobby off the internal corridor. Depending on how it is used, the seating capacity is up to 70 persons. However the seats are movable and not tiered; they are meant to be easily re-arranged to face either one side or one end of the room, whichever may be more suitable for the type of lecture or visual presentation (possibly involving patients).

The long side opposite the windows is fully equipped with a projection screen, writing and display panels, lectern, special lighting etc. There are similar facilities again at the end backing the street, also a surgeon's basin just inside the entrance. A pair of TV socket outlets is provided, and as noted in Policy IIB the possibility of installing a closed circuit system at some later stage has been allowed for.

OTHER USER CATEGORIES

To ensure that all categories of staff may carry out their duties effectively and with understanding it is desirable for them to attend suitable courses of instruction. The Co-ordination Committee would be expected to encourage the fullest and most flexible use of all the training facilities in the Centre.

Among the other users are likely to be the following:-

Administrative, Clerical and Ancillary Staff	- induction courses for new entrants; describing major policy changes; etc.
Professional and Technical Grades	- eg. lectures to introduce new techniques of diagnosis or treatment.
Works Staff	- description of special maintenance procedures, etc.
Domestic Staff	- familiarisation courses, improved cleaning methods or equipment, etc.
Community Health Staff and/or Voluntary Organisations	- eg. to improve working liaison.

MIDWIFERY TRAINING

The organisation of the prescribed training courses in midwifery is described in Policy IIIB. Within the maternity department proper there is one large classroom; also a reading room adjoining the CDS and intended for use by both midwifery and medical staff. Outside it but still convenient (in fact on the ground floor close to the lecture theatre) are another classroom and two tutors' rooms. Any necessary use of the lecture theatre must be included in the overall programme for the Education Centre (see next page). The same applies to the practice/demonstration suite, associated with which is a special store for midwifery training equipment.

EDUCATION CENTRE

A Notional Programme for Shared Use in Daytime

Rooms \ Sessions	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Demonstration/ Practice Suite	NUR	NUR		NUR	NUR	MID		NUR	NUR	NUR
Classroom A		NUR	NUR	ADM	NUR	NUR	NUR	NUR	NUR	
Lecture Theatre	NUR	PGM	DOM	NUR	NUR	ADM	NUR	MID		PGM
Seminars 1	NUR	NUR	NUR	NUR	NUR	NUR	NUR	NUR		NUR
2		NUR	NUR	NUR		NUR	NUR	NUR	NUR	
3	NUR				NUR					NUR
4	ADM		PGM	PGM			PGM	PGM		DOM
5	PGM	PGM		PGM	PGM	PGM		PGM	PGM	
Classroom B	PGM		PGM	ADM	PGM	PGM	PGM	ADM	PGM	

Key to Users

PGM — Postgraduate Medical Education. (may also require some evening bookings not shown above).

MID — Midwifery Training (main classrooms are outside the Centre).

NUR — Nurse Training

DOM — Domestic, etc Training

These may also make fair use of the seminar rooms in wards and elsewhere.

ADM — Admin (induction courses, etc), para-medical, community liaison and others.

NB A single programme as above will not necessarily apply from week to week without change. There may have to be several different versions, used in rotation according to the time of year or other factors. It could of course be drawn up on the basis of hourly allocations if necessary.

NURSE TRAINING SCHOOL - FUNCTION

The size of school required is likely to be influenced by a number of factors and cannot be precisely related to size of hospital or catchment area. However, for planning purposes its capacity has been assumed at a total of 200 student and pupil nurses (in such proportions as may be appropriate to the particular HMC)., and approximately 40 pupil midwives. The Best Buy design therefore aims to provide all requisite training facilities for:-

150 Student Nurses (3 intakes per year)
50 Pupil Nurses (2 intakes per year)
40 Pupil Midwives (2 intakes per year)

The number of students/pupils likely to be in the school at any one time is assumed to be:

Student Nurses: 22
Pupil Nurses : 12/13
Pupil Midwives: 20 (on occasion 40)

Accommodation for tutorial staff is based on a ratio of 1-40 of the total number of nurses in training.

In addition to providing appropriate facilities for the theoretical and practical teaching of the above grades, the school is designed to cater for other nurse training functions, eg:-

Post-certificate courses for qualified nurses
In-service training for nursing auxiliaries etc.
Study days for trained nursing staff (both from the hospital and the local authority)
Obstetric nurse training.

Use of the Reference Library is a necessary part of training and due allowance has been made for this in determining the total area allocated to it. The sharing of such a facility between different groups of users enables better provision to be made (in terms of space, book-stocks and staff) without inhibiting the benefits of any one group. The same considerations apply to the lecture theatre, which as the notional programme shows is never likely to be over-subscribed.

Other teaching rooms in the school will be subject to little or no sharing, certainly not to the detriment of nurse training priorities.

NURSE TRAINING SCHOOL - ORGANISATION

Some theoretical and practical training associated with clinical care will be undertaken at ward level using local seminar rooms as necessary.

Teaching accommodation available within the school is so planned as to encourage flexibility in use. The rooms are as follows:

Demonstration/Practice Suite - to enable trainees to practice various nursing procedures at all stages of training. One section contains two beds and a cot, while the other is fitted with typical equipment needed for clean and dirty utility etc. techniques. A folding partition should enable the whole area to be used by more than one group at a time. There are some lecture facilities, also a large store to hold teaching materials needed anywhere in the School.

Classroom A, to seat 20-25 persons, with facilities for individual study, exposition, display and projection.

Seminar Rooms 1, 2 and 3, each seating 8-10 persons for informal discussion, tutorials and private study. A folding partition enables 2 of the rooms to be amalgamated when occasion demands; the other one has a TV outlet.

Lecture Theatre - this is a shared facility, as described earlier.

A large wall display panel in the theatre lobby should enable matters of general interest to be presented.

MANAGEMENT OFFICES &c

The Principal Tutor will be responsible to the PNO for all matters relating to the School. She and her staff are based within its functional core (among the classrooms) rather than near the entrance.

The main group comprises offices for (a) the Principal Tutor, (b) Secretary/clerks and records, (c) and (d) tutors. Nearby are several other single offices; the assessed need is for 5 tutors, but a sixth room is available next to Medical Photography and capable to being allocated to best use at some later stage.

COMMON SERVICES

While the School is expected to maintain its own records of staff in training, other general facilities (document reproduction etc.) are available in the nearby Admin. Department.

Such limited need as the School may have for supply and disposal (including linen) services will of course be met by programming them into the regular rounds.

There is a cleaners room next to the store; the whole department will be cleaned after hours by one of the special teams (see Policy IIC).

MEDICAL PHOTOGRAPHY

This function was not specifically provided for in the Mark I design, but the replanning for Mark II purposes has allowed its inclusion. The department is planned and equipped to cover as wide a range of activities as possible and to allow for future technical developments. Its entrance is off the rear street, opposite the ramp, which should prove quite easily accessible to all diagnostic and treatment departments.

There is a corridor link with the Education Centre, and one advantage of this chosen location is that the Centre offers excellent ad hoc facilities for projecting/displaying the films and photographs which are among the main products of the department's work.

Patient Reception

The patient (or specimen) of which a photographic record is required, for whatever purpose, may have to be visited in situ or may be able to come to the department. There are full facilities for the reception of patients, whether ambulant or otherwise. The records etc. office has a counter opening on to a small waiting area with associated WC and a changing cubicle; just across the corridor is the studio entrance.

Studio and Dark Rooms

The studio is an internal room and contains a wide range of equipment both fixed and mobile for the various types of photography that may be demanded. The full length of the room is likely to be needed for cine-filming; there is also a folding partition to permit dual functions when required. Facilities are provided for use by the nurse who may have to attend with a patient.

At the end of the studio is a lobby opening into a negative dark room and two positive dark rooms containing appropriate processors etc. The lobby itself is the drying/glazing area, from which finished work can be taken along the corridor to reception or elsewhere.

Other Accommodation

Although the staffing of this unit will depend on local and regional circumstances, a private office has been included. There is also a materials store which includes a refrigerator. The "audio-visual" room looks ahead to possible future requirements. Finally there is a studio with outside window for purposes of finishing, statistical drawing and illustration.

KING'S LYNN "BEST BUY" PLANNING POLICY NO IIH

ADMINISTRATION

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REFERENCES

HBN No 18 - Administrative Department
First Report of JWP on Organisation of Medical Work in Hospitals ("Cogwheel Report"), and HM(68)67.
Report of Salmon Committee on Senior Nursing Staff Structure.
Relieving Nurses of Non-Nursing Duties, etc. (CHSC Report 1968)
HM(68)28 - Administration of Hospital Authorities
HM(69)2 and attached Report on Management Development of Senior Nursing Staff.

File Ref J/H189/3

GENERAL PRINCIPLES

In recent years a great deal of attention has been given to establishment and personnel matters, by DHSS as well as various committees and working parties. It would be pointless to repeat all the published reports and guidance in this policy; nevertheless they have been taken into account in planning the hospital as a whole and the Administrative Department in particular.

It is important that the administration of the hospital should be organised as flexibly as its use of beds or any other services. For instance small self-contained pockets of staff can easily develop and lead to uneconomic deployment of resources. Central Management must keep in close touch with its "outstations" and co-ordinate a multi-disciplinary approach to the formulation of policy and the implementation of decisions.

A comprehensive survey of such matters is given in the Management Services Report No 1 "Guide to Good Practices", which indicates that they may be organised on a group or hospital basis. The Mark I concept of combining group and unit management functions in the same general suite of offices has had to be modified for several reasons, not least the implications of the coming reorganisation of the health service. The Mark II design is therefore intended to serve only the needs of hospital administration, while bringing together under that heading and in one area the medical and nursing management aspects as well.

Whenever reference is made in the Mark II policies to group (or area) administrative functions they are meant to be taken as "off-sited". By the same token, no provision is made within the hospital itself for a proper Finance Dept.

THE "COGWHEEL" REPORTS

The design intent is that the pattern of medical administration should follow the lines advocated in the First Report of the JWP, with specialties being grouped into divisions and the co-ordination of all the hospital's clinical activities being undertaken by a representative Medical Executive Committee. The allocation of offices to suit this type of organisation is described later.

THE "SALMON" REPORT

In the same way the design assumes that the senior nursing staff structure on Salmon lines will have been adopted, necessitating the provision of offices at the various levels of organisation. It was noted in Policy IIC that liaison should be developed with domestic management at comparable levels, for which offices are also available.

MESSENGERS VS PNEUMATIC TUBES

Regular messenger rounds which fit in with the porters' other daily routines should meet all foreseeable needs. The doubtful cost benefit of a pneumatic tube system makes it unsuitable for inclusion in a Best Buy design.

REFERENCE ELSEWHERE

The more specialised management functions - works, pharmacy, catering and so on - have been described in relevant policies; staff welfare was touched upon in Policy IIF. The subject of medical records also merits separate attention (in Policy IIJ) while under the heading " Welfare of Patients and Visitors " (IIK) a number of miscellaneous aspects are brought together.

MEDICAL DIVISIONS AND OFFICES

The allocation of offices for consultant medical staff is based on Whole Time Equivalents (see next page). It is accepted that each "WTE" needs the use of an office in which to keep books and papers, dictate, study case notes and have discussions with one or 2 colleagues. However, the provision of a single room for each one would probably have led to under-use, unless some of them had been combined with the consult/exam functions in OPD etc. A reasonable compromise was therefore arrived at for Best Buy planning, namely to provide a single office for the head of each Division and similar room to be shared by every 2 others, as shown in the table below. Solutions on these lines are now widely recognised.

The special requirements of the Chairman of the Medical Executive Committee, whose contract may allow sufficient time for administrative duties, etc can be met within this pattern. Offices 8/13 and 8/14 are designated for him and his secretary.

The distribution of medical offices was influenced by their main function. Those concerned with the work of a particular department are located within that department and served by the department's own secretarial resources. When the consultants may have responsibilities in the general clinics area as well as other parts of the hospital their offices are grouped together in Administration, so that they can depend upon the general secretariat and main office services. This also allows easy access to Medical Records, Education Centre, etc.

In relation to the establishment overleaf, offices might be allocated as follows:-

Division	WTE consultants	Offices		Location
		Single	Shared (X 2)	
Medicine	8	1	4	Admin
Surgery	7	1	3	Admin
Obst & Gyn	2	1	1	Admin
Anaesthetics	5	1	2	Just outside ITU
Pathology	4	4	-	Within each Department
Radiology	2	1	1	
Physical Med	1	1	-	

As regards the geriatric and psychiatric divisions, it is intended that whatever consultant's offices they may need shall be located within their respective annexes. No such provision has therefore been made within the 'package' itself, even though it contains the geriatric assessment unit.

Subject	Year Specialists	Opinions		Location
		Single	Shared (x 2)	
Surgery	4	1	4	Alain
Surgery	7	1	6	Alain
Obst & Gyn	2	2	7	Adnin
Dermatology	5	1	2	Just outside 370
Pathology	4	2		Alain
Radiology	5	1	1	Alain
Physical Med	4	1		Alain

MEDICAL STAFF

At the staffing ratios current in England and Wales in 1970, the provisional establishment for a population approaching 200,000 might be as follows:-

	WTE Consultants*	Assistant and Junior Grades
General Medicine (incl infectious diseases, neurology, diseases of the chest, cardiology and VD).	6	9
Paediatrics	1	2
Dermatology	½	½
General Surgery	3	10
Ortho and Accident	2	6
ENT	1	1
Eye	1	1
Obst and Gyn	2	5
Anaesthetics	5	5
Pathology	4	1
Radiology	2	1
Physical Medicine	½	½
(Geriatrics	1	2)
(Psychiatry	5	3)
	34	47

*Whole Time Equivalents = total no of half-day sessions undertaken by all concerned, divided by 11.

STAFF FACILITIES

Cloakroom, lounge and common-room provision for both senior and junior medical staff is included in the Postgraduate Medical Centre (see Policy No IIG) which is close to the main group of consultants' offices in Administration. Committee rooms are available for meetings.

Dining-room and coffee-lounge arrangements are described in Policy No IIE.

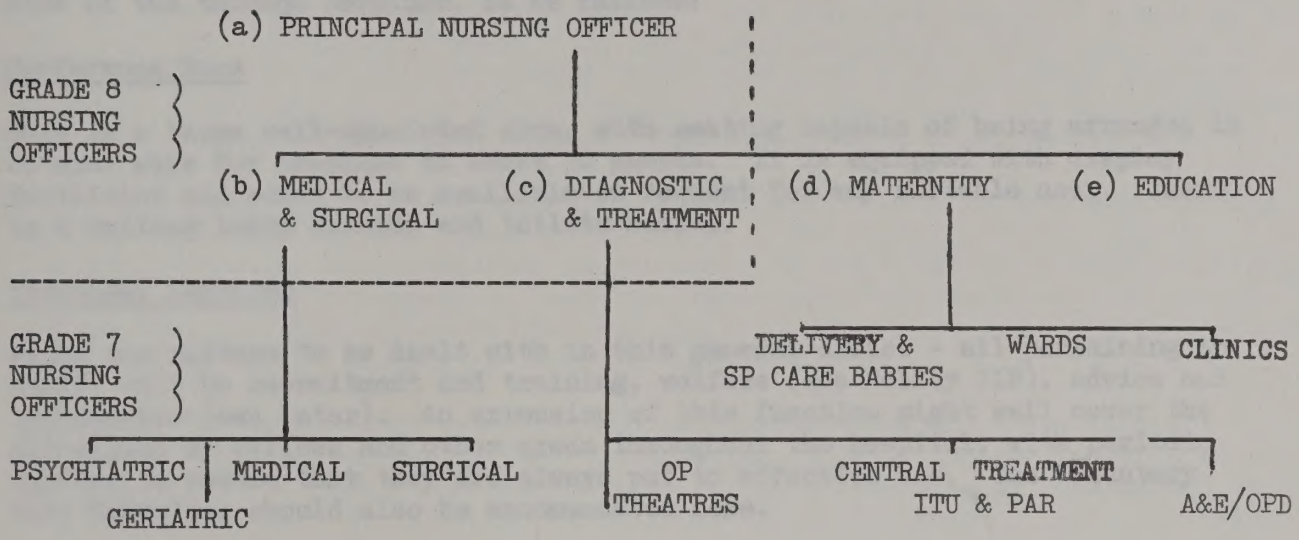
The Medical Records Policy (No IIJ) includes reference to the Diagnostic Index area and study room which are located in the centre of the main group of consultants' offices.

It also describes the nearby Medical Secretaries' Office and the service they provide. Nowadays the prospect of recruiting enough personal shorthand-typists is uncertain, therefore one has to plan for dependence on mechanical methods. The doubtful economics of a central dictation system were explained in Policy No IIB. The prefered alternative - individual dictation machines with stocks of tapes which can be passed to the medical secretaries for transcription - should give a fully satisfactory service if properly used.

Residential Accommodation for a certain number of single and married doctors is included in the total on-site provision as described in Policy No IIF.

ORGANISATION OF NURSING SERVICES

Although it is recognised that there are likely to be differences between one hospital and another the following diagram indicates a possible "Salmon Structure" which has been adopted for planning purposes:-



Offices for (a) to (c) above are grouped together in Admin, with their appropriate secretaries and staff records/storage. This facilitates the close liaison that is necessary with other admin functions, including medical, and permits joint use of the general secretariat and document reproduction services.

Offices for the Supt Midwife (d) and her Deputy are provided within the Maternity Department. The office for the Prinicipal Tutor (e), with her own secretary/ records accommodation, is in the Education Centre - see Policy No IIG.

Accommodation for the Grade 7 Nursing Officers is associated with other such offices in each one's area of responsibility. The normal offices for charge nurses are provided on the basis of one per 34 bed section in the wards, or equivalent in the departmental areas. The staff bases, offices, etc needed for "local" management are fully described in Policy No IIIA.

STAFF DEPLOYMENT

With proper management training the above organisation should contribute to best use of the knowledge and experience of trained nurses in caring for patients. Other planning features which have a bearing on this objective are:-

- The principle of progressive patient care implicit in the ward design, also the inclusion of an Intensive Therapy Unit.

- Regular, comprehensive arrangements for supply and disposal (see Policy No IID) and other common services.

- Steps taken to relieve nurses of non-nursing duties, which may extend to other departments as well as wards.

It is fundamental in Best Buy for all the patient-care facilities to be used as intensively as possible, but when staffing establishments are being discussed it will be found that the new basis of revenue funding related to population served is very suitable for this type of hospital.

HOSPITAL ADMINISTRATION

There is a noticeable advantage in having most of the policy-making and executive authority of the hospital concentrated in one area, for purposes of internal management and also for the increasing liaison with outside bodies, community health services, etc. The full list of accommodation provided, mostly on either side of the through corridor, is as follows:

Conference Room

This is a large well-appointed room, with seating capable of being arranged in several ways for meetings of about 30 people. It is equipped with display facilities and meant to be available on request for any suitable user. There is a waiting lobby outside and toilets nearby.

Personnel Services

Among the matters to be dealt with in this general office - all pertaining to staff- will be recruitment and training, welfare (see Policy IIF), advice and information (see later). An extension of this function might well cover the allocation of offices and other areas throughout the hospital, with periodic reviews to ensure that they are always put to effective use. The Voluntary Help Organiser should also be accommodated here.

General Secretariat & Records - see later.

Administrative Offices

A group of 3 large offices is provided for the hospital administrator and his assistants, with waiting space outside. The administrator has his own secretary's office en suite.

The patients' services office contains a safe for custody of cash and valuables, and in the adjoining interview room are lockable cupboards in which the effects of deceased patients may be held to await collection. Descriptions of the various matters with which this office is concerned are given on later pages and in Policy IIK.

Porters & Post-room - see later

Domestic Management

These 3 offices were referred to in Policy IIC. Associated with them is a large waiting/seminar room which may be used for any general administrative purpose, eg the payment of wages.

Nursing Offices (incl secretary and records) as described earlier.

Community Services Liaison

There is a large room with a partitioned area at one end for use by visiting officers; an indication of its potential use is given later. Next to it is an office labelled for 'Administration Trainees' but capable of re-allocation if desired.

Medical Offices - these have already been detailed, and they adjoin the block of rooms listed above.

SECTION A: ADMINISTRATIVE

There is a noticeable advantage in having most of the policy-making and executive authority of the Hospital concentrated in one area. Our question of internal management and also for the Secretary Library with outside contacts, essentially family services, etc. The full list of accommodation required, mostly on either side of the through corridor, is as follows:

Conference Room

This is a large well-ventilated room, with seating capacity of 20 people, arranged in several ways for meetings of about 20 people. It is equipped with display facilities and sound to be available on request for any activity user. There is a waiting lobby outside and toilets nearby.

Personnel Services

Among the matters to be dealt with in this section, of low - not participating in staff- will be recruitment and training, welfare (see Welfare Site), safety and information (see later). In anticipation of this function stage will cover the allocation of offices and other areas throughout the Hospital, with particular reviews to ensure that they are always put to active use. The Voluntary Help Organizer should also be accommodated here.

General Secretarial & Service - see below.

Administrative Offices

A group of 5 large offices is provided for the Director, Administrator and his assistants, with waiting space outside. The Administrator has his own secretary's office as well.

The primary services offices - Catering - with the majority of cost and valuables, and the adjoining Interview Room are included rooms in which the offices of deceased patients may be held in exact privacy. Descriptions of the various matters with which this office is concerned are given on later pages and in Policy IV.

Stores & Fuel-room - see later

Dressing Accommodation

There 3 offices were released in Policy VIII. Associated with this is a large waiting/seminar room which may be used for a number of administrative purposes, as the pressure of weight.

Nursing Offices (Ward secretary - see records) as described earlier.

Community Services Liaison

There is a large room with a partitioned area at one end for use by visiting Community and Liaison of the principal use in given later. Next to it is an office and Liaison for Administration Conference Room towards of consultation if desired.

Medical offices - these have already been detailed, and they adjoin the block of rooms listed above.

SECRETARIAT, RECORDS AND COMMUNICATIONS

The preparation, reproduction and filing of documents and records is centralised to the fullest possible extent, for ease of staffing and retrieval. Advice on filing arrangements is given in the MS Report No 1. A certain amount of "local" record-holding is noted elsewhere, eg under Stores and Pharmacy, Catering, Staff Health, Education, and Nursing Administration; also there is reference to the separate Medical and X-ray Records. But otherwise the principle is to serve the hospital's documentary needs from this one Secretariat, which comprises a large open office subdivided between clerks and secretaries, with an adjacent general records store. The service should be well-publicised and kept up-to-date. Such aspects as micro-filming have not been specifically provided for.

Secretarial services for the main body of consultants will be available through the Medical Records Department (see Policy IIJ). A few senior officers (eg the Hospital Administrator, Principal Nursing Officer and Catering Officer) will need their own personal secretaries. But for other users the "pool" type of service provided by the Secretariat is the most suitable since it permits the employment of part-time staff, whether as audio or copy-typists.

Nearby is the (mechanically-ventilated) duplicating room which provides all necessary reproduction facilities. In addition it holds the department's stocks of stationery, etc which are topped-up at suitable intervals by arrangement with the Supply Centre. No provision is made for the installation of major printing machinery.

COMMUNICATIONS TO STAFF

Acting in conjunction with the Librarian, Principal Tutor and other departmental heads, the Personnel Office has to ensure that the staff are kept fully aware of facilities and developments in the hospital. Also that new recruits, particularly in ancillary grades, are given induction courses as soon as possible. Training in new procedures or use of unfamiliar equipment may be necessary at any time. Advice on examinations and careers in the hospital service should always be made available. There must be a suitable procedure for joint consultations and personal counselling.

Staff members should be able to discuss problems, make complaints or suggestions, or appeal against disciplinary action, through well-publicised channels. (See also under "Welfare" in Policy No IIF).

Written (duplicated) communications may be of various types, eg:-

i. Day-to-day information - menus, chapel notices, internal memos, etc.

ii. Posters for public display at strategic points about matters of common interest and importance.

iii. News bulletins, recreational notices and the like, published at regular intervals.

As regards verbal communication, the PABX3 telephone installation is mentioned in Policy No IIB: a proposed schedule of internal extensions can be made available for reference. That policy also describes the various (normal and emergency) call systems for use by staff and patients.

COMMUNICATION TO PATIENTS - see later under "Mail & Telephones".

SECURITY AND VALUABLES

In general the safeguarding of hospital property and equipment is the responsibility of the Hospital Administrator. Day-to-day management of security systems is likely to be delegated to a senior memberof his staff.

Security of the whole site is almost impossible (see Policy No IIA); maximum effort should therefore be focussed on the buildings and individual rooms. A key "mastering" system on a department basis is essential, with special arrangements for departments such as the pharmacy and mortuary. The master keyboard must be under 24 hour supervision, and keys should only be issued on receipt of a signature. A system of night patrols by the portering service will be needed to cover certain high-risk areas, supplemented by automatic alarms.

Careful arrangements are necessary to safeguard the delivery and payment of wages. Whichever area is chosen for this activity should be subject to adequate control methods during the actual paying-out period.

Any special installations within the Bank must be the responsibility of the (commercial) bank manager.

The non-resident staff changing area is not meant to be constantly supervised; the responsibility for looking after personal possessions therefore remains with the individual, and wherever lockers are provided they should be kept locked at all times.

For security aspects of entrances, fire escapes, etc see Policy No IIA. For alarm and safety systems, see Policy No IIB. For safeguarding of stores and dangerous drugs, see policy No IID.

CUSTODY OF PATIENTS' EFFECTS

A night safe to receive any cash and valuables which may be among the personal effects of patients admitted at night is built into the corridor wall of the charge nurse's office in the A and E Department. The safe is designed with a "posting" aperture on the corridor side and the collecting box within the room. (Clothing and the like will remain with the patient in a special basket).

The responsibility for depositing such valuables, correctly listed and labelled and signed for, rests with the Night Superintendent. The following morning a senior administrative officer should ensure that they are transferred to the safe in the central administration block, there to await eventual return to the owner.

Deceased Persons' Effects - the recognised procedure is for the ward charge nurse to gather these together in a bag and have them brought to the office, where they are checked, ledgered and signed for. In the interview room is a security cupboard where these effects are kept until they can be collected by next of kin. A telephone is available there for use by the coroner's clerk if required.

Other aspects of this subject are dealt with in Policy IIK.

ADMINISTRATIVE STAFF

(Certain specialised categories are dealt with elsewhere, eg Policies IIE, IIG, IIJ, IIK and VB).

A very provisional establishment for the management functions so far described might be as follows:-

Unit administrator (grading to be determined)		
Assistant "	(?1SA, 3GA)	4 (1 to act as deputy)

(i) Patients services
(ii) Hotel services
(iii) Personnel
(iv) Records (see Policy IIJ)

Librarian (Library Assistant)	1
Senior clerks (HCO)	3

(i) Patients services (including deaths and property)
(ii) Cashier (including pay-out of wages) and Nursing Salaries
(iii) Personnel

Personal Secretaries (<u>including nursing</u>)	4 (1 for Chairman, MEC)
Clerk/typists	6 (including pool for nursing etc) and 1 w.t.e. for cash-collecting duties

There may also be an organiser of voluntary services, and a Community Services Liaison Officer.

* The Salmon report recommends this should be a post on the general administrative rather than nursing administrative staff.

<u>Hours of duty</u>

38 a week. Other conditions of service as at 31st March, 1973.

<u>Staff Facilities</u>

As in Policy IIF.

ADMINISTRATIVE STAFF

(Certain specialised categories are dealt with separately, as follows: 112, 116, 117, 118 and 78).

A very provisional establishment for the management functions in the described might be as follows:-

Unit administrator (grading to be determined)		
Assistant " (72A, 80A)	4	(1 to act as deputy)

(i) Patients services
(ii) Medical services
(iii) Personnel
(iv) Accounts (see Policy 121)

Librarian (library assistant) 1

Senior clerks (SCO) 3

(i) Patients services (including deaths and property)
(ii) Charges (including day-out of wards) and Private Patients
(iii) Personnel

Personal secretaries (including one reserve) 4 (1 for Chairman, SMO)
Clerk/typists 6 (including cover for
nurses s/s) and 1 s.t.e.
for out-patients halls

There may also be an overlapping of voluntary services, and a Community Services Liaison Officer.

* The Salson report recommends this should be a post in the general administrative pattern than nursing administration staff.

<u>Hours of work</u>

36 a week. Other conditions of service as at 1st April, 1973.

<u>Staff Facilities</u>

As in Policy 112.

PORTERING SERVICE - ORGANISATION

A senior administrative officer is in overall charge of the service and responsible to the Hospital Administrator. It will be very important to prepare (during the final stages of commissioning) an initial allocation of staff resources for the various tasks, taking account of the factors described in MS Report No 1, and then to keep its effectiveness under review. The clarity of signposting throughout the hospital might well have an effect on porters' time, for example.

Day-to-day management rests with the Head Porter and his Deputy, for whom good communications (including "bleep") are bound to be a fundamental requirement. The service is organised as a combination of the central pool for stand-by and general duties, plus permanent allocations to key departments, eg

Accident/Emergency and Outpatients

Operating Theatres and Maternity Admissions

HSSU and Pharmacy

Mortuary (when not working there, the attendant may be available for general Pathology duties).

X-ray Department, etc.

Supply and Disposal (Including Catering): these are mixed, partly-specialised functions, requiring some staff allocation from the pool and some departmental allocations (eg for working in the incinerator/crusher room) according to convenience.

Hours of Duty:-

Departments generally - normal working hours (But A&E is exceptional and the operating department requires special evening and night rotas for manning the emergency theatre - see Policy No VB).

Pool service - appropriate shifts over 7-day week to ensure adequate cover and reliefs at all times, especially the recognised peak periods, with a special rota for A and E reception and any other on-call requirements.

(Weekend supervision should be shared between Head Porter and Deputy)

Functions:-

Moving patients - in and out of vehicles; to or from wards and departments; within departments (eg from bed to trolley) if requested: also bodies to mortuary.

Moving information - mail, records, X-rays, specimens and reports

Moving equipment and furniture to and from Stores, Bed Cleaning Units etc.

} Mostly on regular rounds

Night Security, emergency and stand-by duties.

Control of car parking and traffic during peak visiting hours.

FOREMEN DEPUTY - DEPARTMENT

A senior administrative officer is in overall charge of the service and responsible to the Hospital Administrator. It will be very important to provide (during the final stages of task planning) an initial allocation of staff resources for the various tasks, during which the Foreman designate is ON duty on 1, and then to keep its effectiveness under review. The ability of supervising throughout the hospital might well pass by stages to another time, for example

Day-to-day management rests with the Head Porter, and his Deputy, for whom most communications (including "phone") are known to be a burdensome requirement. The service is organised as a combination of the general pool for week-by and general duties, plus temporary allocations to key departments, as

Accident/Emergency and Maternity

Operating Theatres and Maternity Adjacents

ICCU and Theatres

Portacabs (when not working there, the attendant may be available for general porterage duties).

X-ray Department, etc.

Supply and Transport (including Catering): these are mixed, partly-specialised functions, requiring some work allocation from the pool and some departmental allocations (eg for working in the production/serving-room) according to movements.

Hours of Duty:

Departments generally - normal working hours (Sat/Sun in strength) and the operating theatres requires special evening/night duty rotas for handling the emergency theatre - see Duty to 7).

Pool service - appropriate staffing over 7-day week to ensure adequate cover and relief at all times, especially the recognised peak periods, with a special rota for A and E reception and any other unusual requirements.

(Weekend supervision should be shared between Pool Porter and Deputy)

Functions:

Moving patients - in and out of wards, to or from theatres and departments within departments (eg from bed to "toilet") or persons, also trolley to mortuary.

Moving information - mail, records, forms, specimens and reports

Moving equipment and furniture to and from Stores, and checking Stores a/c.

Stock Security, emergency and stand-by duties.

Control of car parking and traffic during peak working hours.

Mobility on regular rounds

PORTERS' DUTIES AND WORKPLACES

Head Porter: has an office next to staff entrance from which the whole service is managed by self or deputy; responsibilities include:-

- general supervision of staff, including arrangements for uniform issue, etc.
- routine and emergency allocation of pool duties, including ad hoc assessment of priorities where not covered by standing orders.
- timetable and staffing for the supply and disposal services which are described in Policies IID and IIE.
- control of postal/messenger rounds.
- traffic and car parking arrangements.
- security patrols and checking of master keys.
- oversight of telephone service (working through the supervisor).
- control of transport section (if appropriate) through head driver.
- general oversight of theatre technicians (in conjunction with Theatre Superintendent - see Policy VB).

General Room: adjoins Head Porter's office and is intended for use as daytime working base; contains coathooks and washbasin to meet occasional need. (Post room is described on next page).

A & E Reception: this position holds master keyboard and is to be kept open at all times of day and night as the reporting point for emergencies and assistance; day-time service within department is supplemented from the main pool as occasion demands; but stand-by at night may be through liaison with telephonists nearby.

OPD Reception: although a rest-room is provided here for drivers and porters, the latter's functions are intended to be mobile and flexible, covering assistance to patients on arrival and movement throughout both departments and beyond if necessary. Parking bays for stretcher trolleys and wheelchairs are provided.

Mortuary: this is a specialised function for which the attendant requires his own office with bell connection to the hearse entrance. Outside normal hours the key to the body store is kept on master-board for use by night staff.

Operating Department: the porters' room is a base for external and internal movement of patients during normal or emergency sessions.

Maternity Admissions: the reception point includes a place for portering assistance throughout the department at any time of day or night.

Pathology and X-ray: there is a place at the reception counter in each department for portering assistance during normal daily working hours.

Supply & Disposal: see previous page.

MAIL AND TELEPHONES

The postal sorting room is located next to the porters' pool room near the staff entrance, and is the focal point for all mail deliveries. It is equipped with franking and parcel weighing machines, various sorting racks above a deep full-length worktop, and a security cupboard for holding registered mail and stamp floats.

The room must be opened early enough each day for porters to receive and start sorting all incoming mail - official, staff or patients; it can normally be closed after the last outgoing collection. From this room a regular (say, hourly) series of messenger rounds is expected to operate throughout the hospital, to collect and distribute correspondence, records, reports and miscellaneous papers. The possibility of at least partial integration with other supply rounds should not be overlooked. In any case the timing of messenger rounds needs to be well publicised if the object of minimising ad hoc errands is to be achieved.

The handling of inpatients' mail at ward level involves the distribution (or re-direction) of incoming letters and later in the day the collection of outgoing letters. As indicated in Policy IIC these duties will fall to the wards' own (housekeeping) staff.

The posting box with stamp vending machines provided in the main concourse is a subsidiary facility comparable with the coin-box telephones in that it is the responsibility of the hospital and not the Post Office.

TELEPHONES

Technical details of the installation are given in Policy No IIB.

Although it is not suggested that the switchboard should be manned by other than qualified operators, the service is being described here because it falls normally within the Head Porter's sphere of responsibility, exercised through the senior telephonist.

The switchboard room is pleasantly furnished and situated beside the A & E entrance, with an openable hatch for reception purposes. It contains the master clock and other controls. The board itself is sized for initial manning by up to 3 operators, although space is allowed for extra positions to be added. A properly-equipped rest room is available just across the corridor (see next page).

As the nerve centre of the internal communications systems, the room contains the master console for VHF staff location and the basic stock of pocket receivers. The allocation of these "bleeps" is intended to be on a personal basis; use of a name-rack for storage can thus provide a convenient check on the attendance of the individual officers and enable them to collect messages, etc on arrival.

The audio-visual signals for the fire alarm, blood bank and other automatic warning systems are planned to be directly seen and heard by the operators, so that they can follow prescribed procedures.

COMMUNICATIONS TO PATIENTS

Documentation for admissions and discharges is referred to in Policy IIJ, and more general matters are described in Policy IIK. It is worth noting that the internal broadcasting facility will offer plenty of scope for enthusiastic volunteers.

PORTERING, ETC STAFF

The kind of establishment needed for the particular services described under this heading might be as follows:-

Supervisory	Head Porter	1) 2)	3 needed to allow cover 7 am - 10 pm 7 days
Departmental	A & E Dept	3	Night cover from pool
	OPD/Phys Med	1	
	X-ray	1	
	Pharmacy	1	Storesman (All ward deliveries to be by trailer system)
	Mortuary/Pathology	1	(? Specimens to be on messenger round)
	Operating Department	8	(4 inside, 2 outside assuming 1 must go with each patient)
	HSSU	1	
	Incinerator/Crusher	2	(to allow 7 day cover)
	Postal Service	1	(with help from trailer system)
	Stores	3	storemen/porters including delivery and disposal
		3	Tug drivers
		1	Relief driver/Stores porter.
General Pool	(including rotational shifts)	10	(incl 10% for A/L and S/L)
Telephonists	(including supervisor)	6	(includes use of staff location system)
Theatre Technicians	(for 6 theatres at any one time including urgent and W/E cover)	10	(interchangeable between grades I and II; a fixed relationship is undesirable as so much depends on recruitment and training)

STAFF FACILITIES

For the majority, these are as described in Policy No IIF. Special reference is made to the following categories, however:-

Mortuary Attendant)
Disposal Porters) certain toilet facilities are available on the spot because of special nature of work.

Telephonists - rest room is equipped with sink, electric kettle, etc (although the night telephonist is expected to be given a proper tray service from the snack bar). Repeater bells from switchboard should be capable of sounding in the rest room and nearby toilets to cover times of limited manning.

The kind of establishment needed for the particular activities described under this heading might be an informal-

Surgeries	Dental Service	4 2	) Needed to allow cover) 6 am - 12 pm 7 days
Departmental	A & E Dept	1	Flight cover from good
	OTC/Pres Rdg	1	
	X-ray	1	
	Pharmacy	1	Dispensed (all need delivered to be by training crews)
	Haematology/Pathology	1	(2 personnel to be on standpoint room)
	Operative Department	6	(4 theatre, 2 suitable emergency I want to mix/ward patient)
	ECGD	1	
	Instrumentry/Drawers	2	(to allow 2 day cover)
	Postal Service	1	(also work from medical system)
	Stores	3	Stores/porter including delivery and disposal
		1	Tag Service
		1	Relief Drivers/Stores porter.
Generic Post	(including rotations within)	10	(Total 10% for A/I and S/L)
Telephones	(including switchboard)	8	(including one of staff Sister (Ward)
Tutors/Counsellors	(for 6 months as are one time including course and M/V course)	10	(intermediate between grades I and II & Ward Administrator to work/training as much degree of recruitment and training)
		1	

STAFF FACILITIES

For the majority, these are as described in Policy Do 1227. Special attention is made to the following facilities, however:-

Nursery Attendant } Central point facilities are available on the ward
Nursery Nurses } because of special nature of work.

Toilets/Showers - Each room is equipped with sink, disposal units, and lavatory the right hand lavatory is optional to be fitted a bucket for carrying from the sink). Supplies bulk from central stores should be available if attending to the rest room and nursery bulkin to cover time, at limited meeting.

SOCIAL WORK

The organisation of this service calls for personal contacts with patients and their relatives (and perhaps their homes) as well as close liaison with the appropriate local authority services. The suite of offices provided in the dgh is pleasant and fairly self-contained, with its own record storage because of the confidential nature of the work. In the past this has consisted mainly of giving advice and reassurance on a wide range of welfare and social problems, to help the patients' recovery and ease his return to the community.

The effect of the recent operational changes on hospital planning in particular has not yet been properly assessed. However, it is thought that the range of accommodation available, as described on this and the following page, is capable of being used flexibly enough to meet the likely needs of a still developing service.

The location of the offices is not too critical because much of the service is taken to the patients, whether in wards, day centres, physical medicine department, etc. In fact they are close beside the main entrance, which makes them directly accessible to outpatients and the staff working on admissions and discharges.

ROOMS AND FUNCTIONS

(a) Beside OPD Entrance:-

Waiting Area; segregated from main opd traffic as much as possible.

Clerk/Typists and Confidential Records; this office serves the whole section, and looks to the general secretariat only for occasional document reproduction and office services.

Head Social Worker (1); her office furniture includes a security cabinet or cupboard to hold cash float for occasional help to patients. She will have to work closely with the Hospital Administrator in matters affecting the policy and management of the section, as well as with "outside" colleagues and voluntary organisations.

Social Workers (2); each probably covering a defined area of the hospital.

(b) In A & E Department:- Social Worker (1): office for use as required.

(c) In Physical Medicine:- Social Worker (1): office for use as required.

(d) Elsewhere throughout the hospital there are interview rooms and the like, always available for the social workers' use.

NB The above provision relates only to the content of the "package". Whatever extra need is generated by the geriatric and psychatric annexes must be met within their own planning.

STAFF COMPLEMENT

No clear guidance can be given because of many variable factors.

LIAISON WITH COMMUNITY SERVICES

One of the basic principles of Best Buy planning has been that the co-ordination between the different branches of the health service must be fostered in every possible way. Its influence was apparent in a number of the Mark I policies and has been continued in Mark II. Although the intervening years have seen more widespread acceptance of those principles there is still a dearth of evidence on how they can best be applied in practice. Even the forthcoming Reorganisation of the Health Service may take some time to produce practical evidence. Consequently it is recognised that the descriptions that follow may need some modification in due course.

Besides the close liaison that Social Workers obviously have to establish, as mentioned earlier, other examples are:-

Maternity:- there is an office in the maternity op clinic for the specific use of health visitors and their colleagues.

- design of delivery suite makes it easy for gps and community midwives to come in with patients and undertake deliveries if desired.

Education:- combined courses or study days can be arranged for local health authority and hospital staff.

- the postgraduate medical centre offers a forum where gps, health authority and hospital staff may exchange views at any time on matters of common interest.

Diagnostic Services (X-ray and Pathology):- it is expected that gps will refer patients or specimens for diagnosis, and receive their reports direct.

Mortuary:- Size and facilities are planned to allow for any necessary l.a. use.

Ambulances:- transport office at entrance gives scope for proper liaison.

However, there are other major aspects of the hospital's work, namely the improvement of admission and discharge procedures and the arrangments for day surgery which justify the provision of a special facility associated with both Administration and Medical Records. It comprises:-

Communications ("Ops") Room: a large area fitted out with wall panels, etc on which can be displayed daily details of admissions, discharges, patients' special circumstances, and so on. The use of this room by all visiting staff and gps is intended to be flexible, and its full development as a means of exchanging information and improving co-ordination is likely to be a major concern of the Medical Records Officer. There may even be a need for teleprinter installation.

General Office: this is partitioned off within the main room to serve as temporary (working) base for any local authority staff who may have occasion to visit the hospital for liaison purposes.

Other aspects of this subject are dealt with in Policy IIJ and IIK.

KINGS LYNN "BEST BUY" PLANNING POLICY NO 11J

MEDICAL RECORDS: APPOINTMENTS: ADMISSIONS & DISCHARGES

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FILE REF J/H189/4

GENERAL PRINCIPLES

The Medical Records Department is intended to play a major part in the co-ordination of community health services and the intensive use of all the hospital's patient-care facilities. In the development plan it therefore needs to be given a strategic ground-floor position, not too self-contained or isolated.

The functional relationships were found to be satisfactorily served by a linear type of layout, with the rooms associated as follows along a through-corridor:

	in liaison with:
/Consultants' offices	Other branches of Admin/
Diagnostic Index	Postgrad Medical Centre
Records Officer	Community Services Liaison
Medical Secretaries	
Records Store and Machine Room	
A & E Reception	Day/Emergency Unit
(OPD Appointment/Reception ..... ((incl Transport)	Various Clinics & Day Hospitals, also Physical Medicine
(Admissions and Discharges	Inpatient Departments

The interposition of A & E Dept between the records store and the clinic reception unit (main concourse) was necessary in the wider functional context. It should not give rise to any problems which cannot be overcome by a well-organised system.

ORGANISATION

Certain aspects of medical records work, eg standardisation of procedures and reduction of outpatient waiting times, have been matters of growing concern for a number of years. A wealth of guidance material has already been published and this has been taken into account in the formulation of the policy statement. Full use must be made of modern methods, with due regard for coming developments in data processing, etc.

The Object is to ensure that these vital supporting services for both patients and staff, as described on the following pages, shall be effective in every foreseeable respect.

NB There is separate film storage in the X-ray department, and co-ordination between the 2 departments is implicit in many of the records procedures about to be described.

OUTLINE OF PROCEDURES

The management of various types of cases may involve the Records Department staff in some or all of the following:-

CLINIC APPOINTMENTS - carefully programmed; can be made by telephone or personal call; pre-registration (by gp's) will help to reduce delays. The day-hospitals for geriatric and psychiatric patients are likely to keep their own records.

DOCUMENTATION - standardised for all purposes; makes full use of plate-embossing, addressing and other equipment in special Machine Room.

RECORD STORAGE AND RETRIEVAL - fixed open racks provided for "active" files and mobile racks for "dormant" files, sufficient for retention beyond the recommended 6 years' minimum period if desired. It is essential that the Master Index (for reference by appointment and admissions staff) be kept fully up-to-date.

STATISTICS - the demand for these is increasing, and with standardisation and automatic data-processing the records can be interpreted in any desirable form, eg for Hospital Activity Analysis; this involves the Diagnostic Index.

OP CLINICS - thorough advance preparation of case-notes, combined with an effective appointments system, should minimise the need for transit to and from Records Store during the course of a clinic session.

CLINIC RECEPTION AND ADMISSIONS - the group of offices in Main Concourse is a nerve-centre for all daily patient-care activities throughout the hospital, and for liaison with outside interests.

WAITING LISTS - maintenance of bed states and an accurate register of patients to be admitted for care and treatment enables management to plan for optimum use of beds. The successful implementation of day-surgery techniques for increasing throughput and reducing the need for patients to stay overnight demands equivalent streamlining of Records Department procedures.

ADMISSIONS - documentation of inpatients is completed before or on arrival (for "cold" booked admissions) or early the following morning (for emergency and overnight admissions). Maternity cases may need rather special arrangements. For births and deaths there are certain statutory requirements to be observed.

DISCHARGES - the effectiveness of early discharge schemes depends largely on the organisation of domiciliary care and follow-up, ie on proper liaison with social workers and community services.

CASE-NOTES - all concerned should appreciate the importance of getting records back from wards, clinics, etc and into proper storage without undue delay. Medical Secretaries have a major part to play in seeing that case-notes are brought up-to-date and promptly re-filed.

RECEPTION OFFICES IN CONCOURSE

In the Scottish Planning Note No 6 it was recommended that the function of making appointments should be combined with reception etc of outpatients and wholly decentralised; ie allocated to a number of working bases throughout the opd with clerk/receptionists each serving a group of clinic rooms.

Evaluation of the relevant factors in the course of Best Buy planning has led to the provision of 3 sub-reception points, where records department staff can contribute to the smooth running of clinics by undertaking general duties which otherwise tend to fall on the nursing staff. Further reference is made to this in the departmental policy No IVA.

The sub-reception duties do not include making appointments, however; this major responsibility will remain centralised for the following reasons:

- to ensure flexibility in use of all consult/exam rooms;
- to permit adequate staff cover at all times, particularly during sickness and holidays;
- to encourage the use of pre-registration;
- to facilitate the co-ordination of transport requirements.

Main Reception

The counter just inside the main entrance should have a welcoming appearance; it provides workspace for up to 4 receptionists plus transport clerk. It needs to be fully staffed in daytime and the various duties are indicated below.

Evening use is likely to be mainly for answering occasional enquiries and directing patients' visitors to the wards, via signposted routes. This might well be done by a duty porter, who could also ensure that the entrance was closed after all visitors had left.

Transport Clerk

This is a very necessary function - its importance in the co-ordination of attendance times, and in maintaining effective liaison with the ambulance authority and voluntary car services, was demonstrated in O & M Report No 8. The Report also recommended standard procedures and documents which should help towards economical deployment of vehicles and reduction in waiting times for patients returning home.

Liaison is assisted by the provision of an adjoining room - desirably with a telephone link to ambulance depot - for use as a working/waiting base by drivers attending the hospital (also by porters on duty at the entrances). An area is allocated near the main entrance, within sight of the counter, for patients awaiting transport.

Admissions Office

The office opening off the rear of the reception area serves a number of purposes. It enables the making of telephone appointments to be screened from the public at the counter, although the registers must be available for use in either place. It is the centre of Admissions work, and an adjoining room is provided for waiting/interview purposes.

OUTPATIENT APPOINTMENTS

The emphasis nowadays is on pre-registration. The system should however allow for a certain number of patients wanting to make their own arrangements for out-patient attendance, whether by telephone or personal call. There are also follow-up appointments to be registered for many of the patients leaving clinics. Reception staff will therefore have to divide their attention between front counter and rear office. The central appointments registers must be equally available to those working in either location.

One of the telephones should be in a place that is screened away from the public counter and have a direct "outside" line (ie non-switchboard). Whenever possible the answering clerk should aim to agree a suitable time and date on the spot - recording only the patient's name, address, age and transport needed, for example. However, in certain cases it may be necessary to send the caller a postal reply, in the same way as for written applications, particularly if pre-registration details are required.

TRANSPORT NEEDS

The principle of spreading appointments throughout each clinic session is now generally accepted. Having to take account of transport needs as well is a worthwhile complication, because it can help a good deal towards the success of the system and reduction of waiting times. It justifies close co-ordination between the clerks responsible, with a view to:

- possible "zoning" of appointments for those requiring transport to attend;

- monitoring the progress and timing of sessions, to avoid patients having an excessively long wait for transport home.

CLINIC LISTS AND FOLDERS

By checking the Master Index (see later) in respect of any patient who has been booked without a reference number, the clerk can usually determine whether a new case folder needs to be opened. This is processed through the Machine Room, and then placed in the Record Store. The making-up of the clinic list and "pulling" of folders, etc for each session as booked is usually done 2 or 3 days beforehand so that documentation can be checked.

If any basic particulars are found to be outstanding, the folder can be held at the reception counter to await the patient's attendance. Otherwise all folders should go straight to the sub-receptionist for that particular clinic, with the counter staff only having to tick off attendances against the list and direct patients to the appropriate sub-waiting area.

Some clinics may be able to accept the occasional unbooked patient, but in every case the initial documentation must still be carried out at the reception counter. It may be necessary to check that details given on some earlier occasion are still correct.

NB 1. It will be necessary to ensure that general practitioners' letters, whether they arrive by hand or by post (pre-registration), are seen by the appropriate clinician at the earliest opportunity; this is the nub of co-ordinated care.

2. The Physical Medicine Dept has its own reception counter; it can no doubt be made responsible for running an independent appointments system, or one which is subsidiary to that described above, whichever seems preferable.

BOOKED ("COLD") ADMISSIONS AND WAITING LISTS

The procedure leading up to the admission of a "waiting list" patient to a hospital bed, for whatever length of stay (see below), will be initiated by medical decision. If this is during an outpatient consultation, the record is noted and the patient is given a waiting list card which can be taken to the admission office for primary listing.

At the end of the clinic session, when all records folders are being sorted through at the main office, those for the waiting list cases are kept on one side. After a counter-check against the list such further processing as may be necessary can be put in hand, eg requisitioning a comprehensive set of documents from the machine room.

The Machine Room

This contains items of equipment needed for the day-to-day functioning of the department, eg machines for plate-embossing, printing, duplicating, addressing and so on. It is so positioned (within the limitations of the design, as there is no basement) as to be reasonably accessible but to minimise noise nuisance; this is also helped by sound reduction treatment of the walls and equipment in the room.

Each patient's details are reproduced on the documents which record his treatment (in the records department and elsewhere) by means of a master-plate prepared at the time of initial registration. This cuts down the repetitive type of questioning and recording during a course of treatment, whether as outpatient or inpatient, although the need for updating after a break in attendance must be kept in mind. The unit number, once allocated, should be used to identify the patient in all departments if the principle of standardisation (see CHSC Report) is to be fully implemented.

Waiting Lists

It is the Records Officer's daily responsibility to ensure that waiting lists are kept up-to-date and made available to those concerned, also for the medical executive committee or individual consultants to review at any time. Active co-operation between the parties involved in the planning of call-up for admission, flexible allocations of beds between specialties, etc, can make a great deal of difference to overall occupancy rates and thus the length of the lists.

DAY SURGERY, INVESTIGATIONS ETC

A major feature of Best Buy planning is its emphasis on outpatient and day-patient care. The facilities provided for this purpose include a group of beds (the "day and emergency unit") associated with the central treatment rooms and described in Policy IVE.

The proper use of these facilities is vital to the throughput of the hospital and needs to be effectively planned. It is therefore essential for patients not likely to need overnight stay to be identified at the time they are placed on the waiting list. This allows a different call-up procedure to be applied, with its emphasis on pre- and post-treatment requirements in the patient's own home.

COMMUNITY SERVICES LIAISON

Dates offered for admission are likely to be more readily accepted if the patients can also be assured that there is a continuing liaison between the hospital, their gps, and the various home support services. Involvement of these other services has already been mentioned in Policy IIH, and they should be made to appreciate the value of their contribution towards the reduction of waiting lists.

SPECIAL OR EMERGENCY ADMISSIONS

Arrangements have to be made for a certain number of patients to be admitted by special means, and for emergency (unbooked) admissions by day or night. While these may vary with local circumstances, the design intent is as follows:-

Psychiatric and Geriatric Annexes

Both these units will have their own reception offices. Patients for admission are likely to be brought straight to the unit, perhaps after redirection from the main entrance, but of course the production of essential records must remain centralised. In such cases it is the responsibility of the reception clerk stationed in each unit to ensure the necessary formalities are completed as soon as possible; to trace earlier records etc; and to maintain liaison with the central admissions office.

Isolation Unit

An optional entrance at the distal end of the unit allows for those occasions when a highly-infectious patient has to be admitted direct from the ambulance to an isolation room. There is still the same need to ensure early documentation, liaison, etc and this is normally initiated by the nurse in charge.

Maternity Department

The procedure is bound to recognise that maternity cases may be partly "booked" and partly "emergencies". The central delivery suite has its own admissions office and clerks (for daytime working). Records for current cases must always be kept readily available, and in daytime the primary need for them is likely to be in connection with the ante-natal clinic. At night this same record trolley could probably best be kept beside the reception counter in A & E Department.

ACCIDENT AND EMERGENCY DEPARTMENT

Those specialised types of records which are concerned only with the day-to-day work of the Department are described elsewhere (Policy No IVC). However, some of the documentation will be more permanent and have a bearing on the medical records function as a whole; it is therefore referred to below.

There are undoubted advantages in aiming for duty coverage by experienced records clerks throughout all or most of the 24-hour service period for Accident and Emergency. But staffing problems may necessitate depending on other grades for the basic documentation during part of this time. In that event simplified procedures are likely to be applicable, leaving the production of proper records to be carried out as soon as possible afterwards.

Sometimes the doctor receiving a casualty may call for previous records; the clerk on duty will do his best to trace them, eg by referring to the Master Index and searching through the storage racks and/or clinic trolleys. On examination it may be decided that the patient should be admitted to a general acute ward, which can only take place in daytime. The documentation is then completed by liaison with medical and ward staff. At night - or at any time when major surgical treatment is needed urgently - the patient must be taken to a bed in the (Day and) Emergency Unit. Records liaison will then be with the staff of that Unit.

It is important that in every such event the later procedures should include early reference back to the admissions office, in case the patient's name is already on a waiting list for "cold" admission.

BIRTHS; DEATHS; DISCHARGES

Maintaining the hospital's own returns of births, discharges and deaths is a routine function for the records staff. The responsibility for observing the statutory formalities, however, rests mainly with parents (births) and next-of-kin (deaths).

It is quite customary for the local Registrar of Births to pay regular visits to the Maternity Unit, by arrangement with the Superintendent Midwife who makes an office available for his use.

Circumstances involving notification to the Coroner would be handled directly by medical staff. The same applies to post mortem requests and authorisations, the completed forms for which may sometimes be kept in the pathology department; in that event an appropriate note should be included in the medical records case folder. If the Coroner's Clerk requires an interview room at the hospital in connection with a particular case, this is available in Admin Department.

Discharges

There are a number of respects in which discharges require careful planning, in order to develop such co-ordination with community services as will best support the intensive use of the hospital facilities. The general practitioner, for example, should be given proper notice that his patient is due to leave hospital. If home nursing care is necessary, the local authority services must be consulted and enabled to make suitable arrangements. The social and welfare services will often have a significant contribution to make as well.

Earlier reference has been made to the facilities provided specifically for community services liaison. It is no exaggeration to say that the intelligent use of such facilities can make all the difference between a successful early discharge policy and one that may fail lamentably as regards after-care.

The interim discharge letter must be written without delay on the ward by the medical staff concerned. The patient's record folder is then returned to the records department for follow-up action, which includes production of the discharge list. After Medical Secretaries have made sure that the reports are all completed, folders are passed via the HAA Section (see next page) to the Record Store.

In certain circumstances the patient may have to be transferred to another hospital instead of discharged. If the receiving hospital is in a different area this is likely to involve first passing the folder to the machine room for certain records to be copied.

CHAPLAINS' AND SOCIAL WORKERS' LISTS

One of the records department's regular duties is to ensure that the chaplains and social workers attached to the hospital are kept fully informed about admissions, discharges, deaths, etc. For this purpose a daily summary can be prepared and handed to them on arrival, probably via the A & E reception desk, but they may also choose to be involved in the general liaison arrangements described above.

STATISTICS

It was noted earlier that the production of various schedules and returns (waiting lists, admissions and discharges, outpatient attendances etc) is fundamental to the department's work. Added to it nowadays is a growing volume of statistical analysis at regional and national levels. The compiling of such statistics (eg for SH3s and the Hospital In-Patient Enquiry) has become a time-consuming task which the staff concerned may not see as directly benefiting their hospital. But improved methods of analysis are leading to the feedback of information which can really help the local managers in forward planning and deploying of resources.

HOSPITAL ACTIVITY ANALYSIS

From small beginnings at the time Mark I was being planned, this function has now secured nationwide acceptance. Its full implications (including the way it is taking over all previous returns) were described in HM(69)79 and need not be repeated here. At the local level it involves the records clerks in extracting various data from patients' folders and coding them in standard form for transmission at regular intervals to the regional computer centre. There it is processed in whatever ways are best suited to the needs of the several "customers" and in due course the relevant print-outs come back to the hospital for consideration.

Correlation and appraisal of these print-outs by the Records Officer or his staff should enable certain conclusions to be drawn regarding length of waiting lists, optimum use of beds, extent of true catchment area, etc, etc. Thus there should be a valid statistical basis for whatever course of action (eg reallocating beds between specialities or reviewing lengths of stay) the medical executive committee and the hospital authority may wish to propose. The time interval between cause and effect is often unsatisfactory at present but may be shortened as data processing facilities improve.

DIAGNOSTIC INDEX

There is a functional association between HAA and the Diagnostic Index which means that much of the work can be undertaken by the same staff in the same offices. The location of that unit, close to the Record Store but within the main group of consultants' offices, was influenced by the need for the latter to be involved in the compilation of diagnostic data as well as its possible use for training and research purposes. The extent of such use will depend on local circumstances but is held to justify the provision of study facilities as well; if case-notes ever have to be taken away (eg to the Library) they should be "traced out" and the Records Officer informed.

The compilation of the Index on individual cards was originally a manual process. Now it is yet another aspect of HAA, which means that the Index is really becoming a collection of print-outs. But its orderly maintenance should not be neglected on that account, in fact the new facilities for computer analysis may well increase its usefulness for eg post-graduate studies.

DATA PROCESSING

It is conceivable that developments such as HAA may eventually lead to a number of dgh's having their own data processing installations, whether in the form of punch-card systems or electronic computers. The latter also have many possible uses in regard to laboratory services and specialised investigations. Space is available if computer terminals should ever need to be installed.

In time these techniques may make it possible to undertake widespread studies in epidemiology and social medicine, covering the whole range of community services.

RECORD STORAGE AND DISPOSAL

The Master Index

This is an alphabetical card index of all patients who have been treated in the hospital, other than those who have only attended the A & E Department. It is maintained by the appointments clerks and located in the admissions office behind the main reception counter, for use by all records staff. An essential part of the system, it gives a cross-reference to the unit number of every case folder which has determined its filing sequence in store.

Records Store

This room is intended as the permanent repository for all patients' notes, even though some may be temporarily held elsewhere while action proceeds. It is divided roughly in half, with "active" records on one side and "dormant" records on the other. The clerks' tables, cupboards, etc are conveniently located inbetween the 2 halves, near the windows in the side wall.

The racks for "active" cases are of the fixed open type which allow direct location and withdrawal of the required folders. Records on which there has been no action for, say, 2 years or more are meant to be transferred at intervals to the mobile racks, which are more compact but not quite so easily accessible. There are 4 blocks of these, with space for another to be added later if necessary.

Storage Capacity

Clearly "Best Buy" planning cannot provide for a wholly undisciplined level of demand. But it is felt the total capacity should prove adequate, on the following basis of calculation:

- all the racks are 7 shelves high, the top shelf being at eye level.
- total shelf length of fixed racking is about 995 M
- " " " " mobile racking is about 1210 M
- at the modest rating of (say) 165 folders per metre, this allows for a total holding in the region of 365,000 case folders
- it is estimated that records may be generated at an average of about 30,000 per year. Thus the capacity available should enable them to be retained well beyond the advisory minimum period of 6 years after last action if desired, without need for microfilming or subsidiary storage elsewhere.

Disposal

As recommended in the 1965 CHSC Report on Standardisation, there should be no question of keeping medical records "for ever". A disposal policy which provides for regular and systematic reviews is a feature of good management which should necessarily have some effect on staff deployment.

The documents thus "weeded out" must be regarded as confidential waste and should not leave the hospital until destroyed, which is done by supervised incineration or shredding. It may be worth considering the possibility of asking medical staff to make a special note on any record sheet they wish to retain beyond the normal disposal period.

MEDICAL SECRETARIES

The secretarial service to be provided for the medical divisions is organised on a "pool" basis, which enables the Senior Secretary in charge to ensure an even spread of work and cover for individual absences. However, there is no reason why most of the secretaries should not be allocated to particular divisions, since it helps to give them a feeling of personal involvement and familiarity with the work. This flexible pattern has the further advantage of facilitating the induction of trainees into the different aspects.

The probable scarcity of shorthand-typists means that most of the transcription work is likely to originate from handwritten summaries and drafts, or from dictating machine tapes. A stock of machines and tapes is held in the secretaries' room, for loan to consultants as required. For economic and functional reasons there is no central dictation system.

NB General secretarial assistance to doctors should not include those tasks which ought properly to be undertaken by the machine room, by other records clerks or by the porter/messenger services.

Accommodation

The pleasant L-shaped room provided for the medical secretaries is just across the corridor from the Records Store. Its windows overlook a courtyard and it is furnished with suitable desks, cupboards, etc for up to 14 persons. This location is quite close to the main block of consultants' offices and eliminates any need for special dictation cubicles. Nor should the secretaries be required to attend every outpatient clinic for note-taking, although this may occasionally be justified.

Certain consultants' offices are dispersed in departments some distance away from the main block - see Policy No IIH. In such cases it has been necessary to provide their own secretarial accommodation en suite with the offices; however, the considerations described above regarding pattern of service etc should remain the same.

CASE-NOTES AND SUMMARIES

Secretaries should appreciate that they can make an important contribution to the functioning of the Records Department by ensuring that case-notes are brought up to date and folders returned to store as quickly as possible. This involves liaison with the HAA clerks as well as the prompt typing of summaries, which can only be done if the summaries are forthcoming from medical staff. The Records Officer should arrange for regular reports to be made on outstanding summaries so that they can be brought to the notice of the medical executive committee.

When active case notes "go missing" for any reason the secretary may feel disposed to search for them herself. However, the records department should have a standard procedure for this, which ensures that all likely places are examined in turn; thus it is probably better for the secretary to fill in a requisition and leave the searching to the clerks concerned.

MANAGEMENT AND SECURITY

The Medical Records Officer (? Patient Services Officer) is in charge of the department and responsible to the Hospital Administrator for the satisfactory performance of the functions described. This includes the organisation and deployment of all staff, although the day-to-day supervision of the medical secretaries is normally delegated to a Senior Secretary.

A detailed code of practice is clearly important in the staff's daily routine - its preparation, updating and promulgation to all concerned will involve the Records Officer. There is also the growing demand for statistics to be reckoned with, and the development of data processing techniques.

The post will demand frequent consultation with other officers, notably on the medical, nursing and social work side. The need to develop the various aspects of community services liaison to their full potential should offer plenty of scope for a progressive approach.

SECURITY

"The confidential nature of medical records cannot be overstressed and must always be borne in mind by those who have to handle (them). (They) should never be left in a position where the patient, the patient's relatives, or unauthorised persons can obtain access to them".*

The Records Officer is responsible for ensuring that these requirements are brought to the notice of hospital staff generally, also for safeguarding such records while they are in the Department's custody. Case-notes must not be left lying on desks, etc at the end of the day but put away in the Records Store - generally in their appointed places on the racks or else in the clinic trolleys made up for coming sessions. The Store is locked up at night, the key being held on the master keyboard at A & E reception.

Departures from this rule are as follows:-

MATERNITY CASES - as these are the most common type of "emergency" admissions it is probably best to keep current records handy in their trolley beside the A & E reception counter at night and the ante-natal clinic reception desk in daytime. The trolley should of course be lockable.

PSYCHIATRIC CASES - it is recognised that there may be grounds for keeping certain "active" records separate from the main body, although still using the unit number. Sub-storage within the Psychiatric Unit should be by means of securely lockable cabinets.

SOCIAL WORK, VD CLINIC ETC - any special segregation of patients' records that may be thought necessary in departments such as these can again be provided by use of lockable filing cabinets.

*"The Standardisation of Hospital Medical Records" (CHSC Report, 1965) Chap III

STAFFING OF RECORDS DEPARTMENT

A provisional establishment might be on the following lines, recognising that many of the functions listed are interchangeable.

	HCO	CO	Typist
MRO (SA)			
Main reception/Appts	1	2	
Transport		1	
Admissions and Discharges	1	2	
OP reception		4	
A & E		2	
Phys Med	1 (with typing)		
Geriatric			1
X-ray reception & filing	1	1 (with typing)	
X-ray reporting			2
Pathology reception		2 (with typing)	
Psychiatry		1 (" ")	
Central Treatment reception		1 (" ")	
Labour Suite/SCBU		1 (" ")	
Operating Dept		2 (" ")	
Statistics	1		
HAA	2		
Records Store, Med Docum) Clinic Preparation)	1	3	
Med Secretariat			14
	8	22	17

HOURS OF DUTY

These figures assume a 38-hour week, and other conditions of service (eg annual leave) as at 31 March 1973.

(NB Special considerations relating to A & E Department)

An allowance will need to be made for annual and sick leave cover.

Staff facilities: as described in Policy IIF

KINGS LYNN "BEST BUY" PLANNING POLICY NO IIK

WELFARE OF PATIENTS AND VISITORS

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REFERENCES:

BN18 - Administrative Department
Hospital Design Note No 4 - Noise Control
IBSG "User Requirements" Report, Section A
HM(69)25 - Private Patients and Amenity Beds
HM(69)58 - Voluntary Help in Hospitals
Manufacturers Data Base, 1973 edition.

File Ref J/H189/3

GENERAL PRINCIPLES

Previous whole-hospital policies have described various aspects of the hospital's supporting and amenity services, mostly from the technical angle. However, the departmental policies must also include references to the facilities which are available for use of patients and visitors. At this point, therefore, it is convenient to re-assemble such details and present them in a different light.

The beneficial effects of an attractive environment were noted in Policy IIF for their contribution to staff efficiency, and they are bound to influence the welfare of patients as well. The design of the building is specifically aimed at creating a domestic scale and atmosphere, with ample daylighting from the internal courtyards and only 2 floors (linked by staircases). This effect is enhanced by expert co-ordination of decor, fittings and furniture. Such features should help to lessen the psychological impact of having to undergo treatment.

The essential therapeutic care is supported by housekeeping, portering and catering services, and by social amenities of various kinds, all of which can contribute towards speeding the patient's recovery.

MANAGEMENT

The policy which follows will indicate how much concern the designers have shown for welfare aspects. It should of course be matched by a similar concern on the part of the hospital authority. A more liberal attitude towards visiting hours is now generally apparent, for example; the design reflects this attitude and includes relatives' overnight rooms. Child patients in particular will be able to have parents with them at any time. The catering services might perhaps be mentioned as another feature worthy of regular monitoring from the user's viewpoint (eg by the methods pioneered in 1968-9 by the King's Fund).

The main responsibility for ensuring that these facilities are properly organised and reviewed will no doubt rest with the Patient Services Officer in Administration. There is a need for close liaison and co-ordination between the various parties concerned, within and outside the hospital. In view of the growing interest in welfare and amenity aspects it is desirable to ensure that they are well publicised.

PRIVATE BEDS

It would be inappropriate for a "Best Buy" design, with its emphasis on functional economy and optimum use of facilities, to include a separate wing or block for private patients. The planning policy aims to meet this need in the most convenient way within the peripheral ward band, while acknowledging that such a "dispersed" method may tend to make certain management aspects rather more difficult.

Although the single rooms in these wards are not wholly self-contained, they do have toilet annexes just outside and may reasonably be designated for private use if desired. Any other recourse would be likely to involve structural adaptations.

INFORMATION AND RECEPTION

Prospective inpatients (and perhaps outpatients) may be given a descriptive booklet to help prepare them for their attendance. This practice assumes greater importance in the case of "Best Buy", a hospital which contains advanced features of care and welfare - see later - to which the average patient may not yet have become accustomed.

If such a booklet were prepared for wider circulation within the catchment area it could be expected to describe not only the services and amenities within the hospital, but also the special aspects of liaison with local health services and gp's. It might well be paralleled by a leaflet sent direct to the gp's, advising them of the hospital's facilities and need for co-ordination.

COMPLAINTS AND SUGGESTIONS

During the initial evaluation period and afterwards it is worthwhile encouraging patients to express opinions about the building and the services it provides. Suitable forms will need to be prepared for this purpose. This aspect may assume greater importance with the creation of Community Health Councils.

RECEPTION

As indicated in Policy No IIJ, the main counter in the concourse is manned in daytime by Records Department staff who are primarily concerned with the appointments and admission procedure for outpatients and inpatients. They must also be able to deal with general queries from trade and private visitors, either personally or by knowing where the caller should be sent for proper attention. The psychological impact of this first reception suggests that care should be taken in the selection and training (and clothing?) of the staff concerned.

During evening visiting hours the desk is likely to be manned by a porter, whose primary function would be to direct patients' visitors to the wards. The main entrance is closed after visitors have departed, but the A and E entrance will remain open all night, with its own reception arrangements.

SIGNPOSTING

The majority of those who have to attend the hospital can easily be directed to the offices or department(s) they require by visual means, which may possibly include the posting of a large-scale plan at the main entrance for reference purposes. It is debatable whether the information booklet issued beforehand should include such a plan of the whole building, since this might tend to confuse some of the patients.

Directional and identifying signs (internal and external) are of a standard pattern. They have been selected mainly from the MDB to conform to the general decor and satisfy the following criteria:-

Simplicity - using arrows and symbols where appropriate; otherwise brief and easily understood terminology. (NB. The Highway Code will apply to all external road signs).

Ease of Reading - the length and ceiling height of "streets" and corridors demand close attention to height, number, positioning and lettering of signs, with repetition further along if necessary.

Colour-Coding - this has possible uses as a means of distinguishing major categories, eg for warning or exit purposes.

GENERAL FEATURES OF WARD AREAS

Beds throughout are of the latest type, capable of adjustment to varying heights and positions. They can also be moved from one room to another, with the patient and his belongings if necessary, in accordance with the principle of Progressive Patient Care. There are individual curtain-tracks in all the multi-bed bays.

Lockers and other furniture are chosen for both efficiency and pleasant appearance. The chief sources of colour in most of the rooms are the curtains, fittings and furniture, with the walls and floors having a fairly neutral finish. The flooring is generally welded PVC sheet, but there are fitted carpets in the dayrooms, staff rooms and public areas.

Daylighting: Upper Floor:- most of the peripheral 6-bed bays have cantilevered bay windows giving a view over the grounds, supplemented at the inner (corridor) end by high-level clerestory windows. The other rooms and sanitary, etc annexes either overlook the courtyards or have clerestory-type lighting. Venetian blinds and obscure glass are provided as necessary for shade and/or privacy.

Ground Floor:- the general layout is similar but there are no clerestories and the outside windows have no bays. (This applies only to the "package"). There is permanent supplementary artificial lighting wherever needed in the ground floor areas.

Artificial lighting is almost wholly from diffused fluorescent fittings; however, tungsten lamps are used for the night-lighting of corridors and for certain storage areas.

The switches for the individually-controlled and adjustable bedhead (tungsten) lights, together with nurse-call system and radio controls, are incorporated in a bedhead panel and handset. The radio installation is described on a later page. Patients will probably need instructing in the use of the various controls when they first arrive.

Heating is by means of hot water radiators (panel or convector type) with tamper-proof thermostatic controls. The double glazing of the bay windows with radiators below helps to make the sitting spaces more comfortable. In certain public areas there are supplementary forms of heating, eg fan-assisted convectors.

Ventilation is basically a matter of ensuring the proper supply of fresh air without troublesome draughts. However, it involves a careful assessment of air movement patterns throughout the hospital and the provision of mechanical ventilation wherever needed, eg in service and treatment areas and certain internal rooms, particularly on the ground floor. Most of the sash windows will be openable, subject to safety factors.

Noise Control has also received thorough attention. Among the measures taken are the acoustic treatment of plant-rooms (including the roof-top boiler houses) and the siting of some machinery well to the rear of the building.

Emergency cases will be admitted only to the Day/Emergency Unit at night, thus avoiding disturbance of patients' sleep in general wards. For the same reason the pantry is located just outside the ward area proper. The main traffic routes, lifts etc are also segregated from the wards.

WARD TOILETS AND PERSONAL FACILITIES

The toilet annexes are in groups on the inner (courtyard) side of all the ward sections; those rooms which do not have an outside wall are provided with extract ventilation. As the patients using them may often need attention, suitable nurse-call fitments are available throughout. For each of the 34-bed general acute sections the following sanitary assemblies are provided, mostly of a domestic type:-

Washbasins	12 -	two in separate cubicles (with shaver socket); the rest en suite with the WCs and baths.
WCs	7 -	one en suite with bidet in room adjoining sluice, which also has pass-through hatch for specimens.
Baths	3 -	two standard; one larger on island plinth for "assisted" patients (room also provides for non-aseptic treatments).
Shower	1 -	and Bidet 1

The more specialised nursing units may need somewhat different patterns of toilet annexes, and these will be described in the departmental policies. In the maternity wards, for example, there are additional showers and bidets, items which are now more commonly used.

FLOWERS - the multi-purpose room at the entrance to each ward includes facilities for visitors to arrange the flowers they have brought. Housekeeping staff may help with this, and later dispose of those that are finished with.

PATIENTS' BELONGINGS

In the case of an emergency admission the patient's ordinary (non-valuable) effects can be temporarily stored in a special wire basket which hooks on to the accident trolley. In the day and emergency unit this basket is transferred to a bedside rail and next day it accompanies the patient to the ward, where its contents can be put in a locker.

Every patient admitted to an inpatient bed should be allotted his own bedside locker. This is purpose-designed to include not only the usual drawer and low cupboard but also a taller hanging space for outdoor clothing. It can thus be moved with the patient on transfer to another room or unit if desired.

Suitcases and other bulky articles are expected to be taken away by the patients' escorts after admission. If this is not possible the staff will have to take charge of them, making a note on the record sheet to ensure that they are not overlooked when the time comes for discharge. Lockable stores are provided for such articles at convenient locations.

VALUABLES

There may be occasions when the patient cannot avoid having a good deal of money or other valuables with him when admitted, particularly in an emergency. With his consent the charge nurse is responsible for seeing that such items are taken into the hospital's safe custody. Policy IIH describes the procedure for recording and safeguarding patients' valuables; also for dealing with the personal effects of deceased patients.

ASPECTS OF THE CATERING SYSTEM

Essentially, all main meals are supplied from the one central kitchen in the "core" of the upper floor. They are brought to the wards by trolley for distribution by the ward staff. Afterwards the crockery and cutlery are returned on the same trolleys to the kitchen for washing-up, except in the case of the isolation unit. Beverage arrangements are more variable. A full description of the catering system is given in Policy IIE, but selected features are mentioned below.

For upper-floor and geriatric ward units the meals will arrive on heated plates, assembled with sweets, etc on individual trays according to choice. A menu-card for the next 24 hours is handed to each patient at a convenient time; with staff assistance if necessary he can select and mark on the card those dishes he would like. It may be desirable to allow for later changes of mind, eg by means of a telephone call from ward staff to the catering office.

Special dietary needs are fully integrated into this system, which aims to ensure that every patient will be able to receive his meal only a few minutes after dishing-up. Those who are not bedfast will no doubt prefer to take their meals at table, in either the ward bay or the day/dining area. Assistance with feeding can be given by the ward staff as required, whether the patient is sitting in bed or at table.

The children's ward demands flexibility according to age-group. Older children (and mothers) should be able to use the menu-service as above. Baby-feeds are specially provided. For the rest there will be a bulk food delivery on the lines indicated below.

The isolation and psychiatric units and the geriatric day-hospital will not have individual tray service. The pantry in each unit will receive bulk supplies of ready-cooked/prepared food on heated trolleys from the main kitchen, enabling the staff to adjust the size of portions, etc to each patient's needs. Those who are on special diets must be identified at the time. The servery staff will usually make up trays for delivery to patients, whether in bed or the day-dining area. However, in the psychiatric unit there could possibly be a cafeteria-type service which involves the patient himself taking the tray from the servery.

ROUTINE BEVERAGES

At certain times of day, between mealtimes, there is a service of appropriate beverages for all patients. For the upper-floor wards this is provided from the still-room associated with the main kitchen. For all other nursing units it is locally-organised, ie prepared within each ward pantry.

OCCASIONAL BEVERAGES, ETC

Just outside the ward entrance there is a standard type of pantry where the ward staff can prepare hot, cold and special drinks, etc whenever they are needed outside the routine service periods, eg late evening.

The washing and refilling of water-jugs and glasses is another daily task which involves ward staff use of the pantry.

The snack bar in the main concourse is available for the service of snacks and beverages to fully ambulant patients at any time of day - subject to their observing any dietary etc requirements.

OTHER INPATIENT SERVICES

MAIL

The porter/messenger rounds described in Policy IIH will deliver incoming letters and collect those which patients have ready to send out, according to a suitable timetable; ward staff will assist as necessary. If they wish, ambulant patients may go and post their letters in the box provided at the main reception counter in the concourse. Writing materials and stamps should be available from the shop.

TELEPHONES

A number of coin-operated 'phones with acoustic hoods are available at strategic points, eg at the corners of the streets on each floor. Within the wards there are sockets wherever necessary to serve all bed areas and day-rooms; the usual coin-box trolley unit can be plugged in by ward staff and brought to the patient's bedside or chairside.

Incoming calls via main switchboard are received at the nurses' station and messages passed on as appropriate, but there should be clear rules about giving details of the patient's condition.

TROLLEY-SERVICES

A wide range of books is normally offered by the library trolley on its regular rounds. This is referred to on a later page, as also is the variety of goods which can be supplied by the trolley-shop. It may be worth noting here that although those goods will probably include cigarettes etc, there are likely to be <u>severe restrictions on smoking</u> throughout the hospital.

NEWSPAPER AND PERIODICALS

It is expected that arrangements will be made with a local supplier for morning and evening deliveries as appropriate, eg to wards and the shop.

HAIRDRESSING

A salon with 2 chairs is provided just outside the ground-floor geriatric unit, where local hairdressers under contract may attend on certain days. Part of their time will be spent in the salon, dealing with ambulant patients (either sex), and the remainder in going round the wards to serve the needs of those who are bedfast - which may just possibly include arrangements for surgical shaving.

HEARING AID, ETC EMERGENCIES

There may be occasions when an inpatient who is being treated for some other ailment accidentally loses the use of his hearing aid, denture or spectacles. If the necessary repair or replacement cannot wait until he returns to his home - and thus the normal source of supply - arrangements for temporary attention can usually be made with the appropriate outpatient clinic.

RADIO AND TV

The standard bedhead units are wired for 4 radio channels and 3 TV channels, although the latter would not be usable until it was decided to install the necessary central apparatus. One of the radio channels can be used for internal broadcasting from the studio (in library area) with full "disc jockey" equipment.

In day rooms and certain other places around the hospital there are TV aerial sockets into which sets may be plugged when available. The provision of such sets is a very worthwhile function of the League of Friends (see later).

RECREATIONAL ACTIVITIES

The ground floor geriatric unit contains a fairly large day/dining area. The geriatric and psychiatric annexes will have similar areas, although these are associated with the day-hospital side and thus meant to serve a wider function. The day-patients who attend will be joined by certain of the inpatients, for active rehabilitation as well as social activity. Details are given in the relevant departmental policies.

Occupational therapy is a function of the physical medicine department which often extends not only into the day hospitals but also into some of the acute ward areas.

As regards the inpatient wards on the upper floor, those for children, female surgical and maternity patients have somewhat non-standard layouts. But in the standard general acute wards the total amount of space allowed for "sitting-up" patients has been divided out as follows:-

- every bay-window around the periphery affords a "seat with a view" for 3 or 4 of the room's occupants; and

- at the low-dependency end of each 34 bed section there is a day/dining lounge. The pairing of adjacent sections in this respect has permitted better-sized rooms without loss of convenience. They are furnished with tables, chairs (upright and easy), bookshelves etc. TV aerial sockets are fitted, but playing cards and the like would no doubt be available as well.

TERRACES AND COURTYARDS

Besides providing suitable indoor facilities, the design aims to encourage patients and visitors to sit outdoors in fine weather. From 2 of the upper floor dayrooms there is access to screened (courtyard) terraces. Nearly all the courtyards may be entered from the ground floor streets and provide seating for patients and visitors, but a few are accessible from staff rooms. The geriatric unit has french doors giving on to an external paved terrace, beyond which there will be a special old people's garden with raised flower-beds.

LIBRARY

As described in Policy IIG, the Education Centre contains (besides the main reference library) the patients' library and reading room. The latter's function is not only to serve as the base for ward trolley rounds but also to accommodate those ambulant patients who wish to come and make their personal choice of books from the shelves.

The possibility of calling on a wider range of books by direct association with the local authority's public library service should not be overlooked. Arrangements of this nature may cover staffing as well and should prove mutually advantageous.

MEDICAL SOCIAL WORKERS

The functions of these officers are fully described in Policy IIH (Administration) and they will necessarily be working in close association with others who are concerned with patients' welfare. When dealing with the personal affairs of inpatients they will often have to visit the wards, carrying out interviews either at the bedside or in the general purpose room labelled "examinations" which is found just outside the entrance.

Interview Rooms of this type are spread around the building and can be made available at the discretion of each unit's charge nurse for any bona fide purpose. Public officials from outside the hospital (policemen, health visitors, registrars etc) or private advisers may often have to discuss something with a patient in confidence. Similar needs may arise for other internal staff besides the social workers, eg for records clerks or chaplains.

VOLUNTARY ORGANISATIONS

Although the overall management of the library service should rest with a qualified librarian, it is likely that the book-trolleys will be taken round the wards by members of one of the several voluntary bodies that contribute so much to the welfare of patients in hospital. Another service which they frequently undertake is the running of the concourse shop and its popular trolley rounds, as described on a later page. They may also provide direct assistance to patients in the wards and departments.

If a Voluntary Services Organiser is appointed, as HM(69)58 suggests, he can expect to be accommodated in the patient services section of Admin. This is quite near to the special room intended for development of "community services liaison", in which he may well be interested.

LEAGUE OF FRIENDS

A modern, fully-equipped hospital aims to do everything possible for the patients' comfort and well-being, but the provision of amenities from Exchequer funds is still rather limited. The scope for voluntary support has been acknowledged in official circulars, and fund-raising activities are welcomed as a means of eg increasing the stock of telephone trolleys and TV sets.

Another invaluable service which Friends may provide is the maintenance of personal contacts with patients who for one reason or another do not have visitors; in fact such links between hospital and community can be developed in a variety of ways.

CHAPEL AND CHAPLAINS

The multi-denominational chapel has a fairly central location on the ground floor, close to the concourse and Admin Dept. The entrance lobby (with WC) opens off the front street, and at the other end there are windows overlooking a courtyard. The lobby also gives access through an interview room to the joint Anglican/Free Church vestry, and separately to the Roman Catholic oratory/ interview room; both of these vestries open directly into the chapel.

It is hoped that the area will be kept open at all times for private devotions and put to the most flexible use, by staff as well as patients. The mobile altar and seating can be grouped or arranged in whatever way seems most suitable for the different users, including patients in wheelchairs. There is a microphone link to the broadcasting studio so that services can be transmitted to ward patients through their headphones if desired.

Particular care has been taken with the decor, carpeting, furniture and fittings, in which respect advice was sought from representatives of all the various denominations that might be interested.

The Chaplains who are appointed to the hospital seem unlikely nowadays to have to conduct services in the wards, but their visiting and ministration can make a valuable contribution to patient-care and welfare. They will be working closely with the patient services side of Admin, and records staff should have a standard procedure for advising them about admissions, discharges etc. Other departments are relied upon to liaise as necessary (for Mortuary see below).

The growing number of non-Christians in this country may possibly have some influence on the chaplaincy appointments. Whether or not their own faiths (eg Moslem) are thus recognised, it is important that administrative arrangements should be made to notify other ministers in appropriate cases, eg particularly when a death is involved.

DECEASED PATIENTS

The various matters requiring attention when a patient dies in hospital are mentioned in Policy IIH (Administration) and will be largely the concern of the patient services officer. The main aspect to be noted here is the liaison needed with the mortuary attendant regarding arrangements for viewing the body, arrangements which may possibly involve one of the chaplains as well as the nursing staff.

There are 2 viewing rooms in the mortuary, one for general use and one which can satisfy isolation or other special requirements if needed. In the former, relatives can enter from their waiting-room to stand beside the bier, and conduct whatever ceremony they may wish; the latter room however can only be observed through a large window. Just outside these rooms is the exit to the well-screened bay for hearses.

MAIN ENTRANCE AND CONCOURSE PREMISES

The double pairs of doors at the entrance should ensure effective draught-proofing during day time and evening use; they are locked after all visitors have left. On one side of the entrance is a parking place for prams and wheelchairs and on the other is a waiting area suitably furnished for children's use.

A little way inside is the main reception counter for admissions, OP appointments and general enquiries. Nearby is an area allocated for those awaiting transport home, with several public telephones. The shop and snack bar areas occupy the main body of the concourse. At the far end are the public toilets, then the entrance to the "street" system and lifts.

HOSPITAL SHOP

These premises comprise a lockable store-room plus an open display area with service counters over which shutters can be pulled down and locked at night. Security is important as considerable stocks may often have to be kept, although there should be an arrangement with the Central Stores for ordering/receipt of bulk deliveries. Proper ventilation is needed for certain perishable goods.

The range of commodities stocked can be fairly flexible. It may include toiletries, confectionery and cigarettes, knitting requisites, haberdashery, toys and games, stationery etc - but probably not flowers. It will be influenced by the demand arising at the shop itself and from the ward trolley service. The latter is comparable with the library trolley in that it enables a fair selection of the goods available to be taken to wards for the benefit of bedfast patients. Accounting procedures , both for the trolley-service and for the shop as a whole, may need to be worked out in consultation with the Treasurer.

The arrangements for cleaning, refuse disposal, etc should be included in the tenancy lease. This may vary according to whether the shop is managed by a commercial concern or by a Voluntary Organisation. The latter is generally preferable, since it strengthens the links with such bodies by giving greater opportunity for service (see also the Appendix to HM(69)58) and ensures that any profit from the sales is applied to the benefit of the hospital.

SNACK BAR

This has cooking and other facilities (including vending machines) to provide a wide variety of light meals, snacks and beverages for all comers on a self-service, cash payment basis. There is seating for up to 100 persons,not including the chairs and tables in the adjacent general waiting area. In addition, the courtyards on either side are meant to be freely accessible in fine weather.

Some part of the snack bar seating may have to be screened off for staff use. But in general it should have an open, informal appearance, with attractive decor and furniture helping to make it a focal point of rest and refreshment. Depending on staff availability, it is meant to remain open 24 hours a day.

BRANCH BANK

Although the space allotted for this purpose is off the front street beside Pharmacy, ie outside the concourse, it is comparable with the other services above. The way it is used will have to depend on whatever local arrangement can be made. Desirably this should lead to the opening of a proper branch of a commercial bank - possibly with limited hours - to serve the hospital's finance department as well as staff members, patients and others. The negotiated lease should cover such aspects as cleaning and waste disposal but fitting out and all security measures would be the Bank's own responsibility.

OUTPATIENTS AND DAYPATIENTS

A major feature of the Best Buy philosophy is to make fullest use of all resources by treating as many patients as possible on an outpatient or day-patient basis. This can also help the individual's domestic arrangements. It follows that the arrangements for those who do not need to stay overnight must be of the same high standard as for those who do - in regard to welfare as well as medical and nursing care.

THE OP DEPARTMENT

After checking in at the reception counter patients will normally enter the general clinic area, which comprises a long central waiting hall with rooms off either side. At the far end of this hall is a connecting door to the physical medicine department; near that end, a corridor round to the left leads to more specialised clinics, eg audiometry and dental.

The whole area is attractively decorated and furnished, with chairs grouped into sub-waiting bays associated with each of the sub-reception points. There are 2 of these (in addition to the special dental office) and they can be given "signposts" indicating which clinics they are serving on any day. The social workers' offices near the entrance have their own separate waiting space.

Further along the concourse, beyond the snack bar, there are turnings either side giving access to other specialised clinics with their own reception desks and waiting spaces. To the left is the orthopaedic and fracture clinic (including appliance fitter); to the right is the area for ante-natal and gynaecology clinics, with its own provision for specimen-testing, mothercraft classes etc.

THE A & E DEPARTMENT

There are separate entrances for stretchers and walking patients, with the reception counter between them. Close by is the general waiting area for walking patients, plus a separate room for children, and beyond it the connecting door to the main concourse. For such patients the treatment area comprises a central work-space surrounded by a number of cubicles; most of these have curtains rather than doors to allow a reasonable level of daylighting and natural ventilation.

In the entrance hall is a stretcher and wheelchair park. Beyond it are the resuscitation and special treatment rooms (with their own waiting space, toilets and preparation/recovery area); these rooms are linked to the plaster rooms of the fracture clinic. The lifts nearby give direct access to the theatres, central treatment rooms and day/emergency unit.

DAY-SURGERY AND INVESTIGATIONS

In accordance with the basic principle a fair number of patients will be booked for admission to the special Day and Emergency Unit, eg for minor operations, or for treatments and investigations lasting several hours. The Unit adjoins the central treatment area and is approached via staircase or lifts at the far end of the concourse; reception will be at the staff base.

On arrival some patients may be put to bed and others sent to the changing rooms (with lockers). After treatment they are likely to need some period for recovery, either back in the bedroom or in the comfortable day-space. If any light meals or drinks are desired during this period they can be ordered from the snack bar and delivered via the special hoist.

RELATIVES AND VISITORS

Sick children require special facilities which will allow their parents to spend as much time with them as possible, during the night as well as by day. Full details are given in Policy IIIC.

For other patients, the welfare arrangements described on earlier pages will be equally applicable to their escorts (in the case of outpatients) or visitors (for inpatients). Besides a generally welcoming atmosphere there are particular facilities as follows:

CAR-PARKING

Although the advent of a new hospital may often lead to improvement in the district's public transport services there will be many visitors coming by car; this is allowed for in the overall assessment of parking-places. It is important that visitors should observe whatever local regulations are necessary, parking only where directed and proceeding to the main hospital entrance (or separate annexes) on foot.

WAITING AREAS

Reference has already been made to the generous provision in the main concourse. In the ground floor geriatric unit the day/dining area should allow enough space for some visitors to wait as well, with "overflow" provision just outside that unit at the corner of the street. The isolation unit contains a waiting area beside the entrance.

On the upper floor the main provision for visitors' waiting is at the front corners of the street, beside the staircases. These 2 large lobbies will be attractively furnished, including coat-racks, and the ward toilets which are available for general use should be well signposted.

The relaxation of visiting hours is unlikely to interfere with essential patient-care provided the instructions given by ward staff are duly observed. There may be voluntary workers able to assist with such matters as flower-arrangement, in the room beside each ward entrance. Questions about medical or nursing matters should be dealt with by a responsible member of the staff.

OVERNIGHT STAY

Next-of-kin may welcome the opportunity of remaining in the hospital overnight, particularly when they have a long journey and the patient's condition is critical. This is recognised by including in the design a number of suitable rooms, some purpose-planned and others intended for more general use. The latter include those labelled "examination" outside each ward entrance, "relatives" beside the ITU entrance, and "visitors" beside the CDS entrance.

These general-use rooms depend on using toilet facilities which are found nearby; the same applies to the 2 special "mothers' rooms" associated with the SCBU in maternity. However, there are certain rooms just off the main stairhead lobbies which do have toilets and showers en suite, ie:-

Left front access corridor - a self-contained pair of bedrooms.
Right " " " - a single hotel-type bedroom, plus the 2 single rooms in the adjoining Day/Emergency Unit.

Relatives accommodated in any of the overnight rooms may of course use the concourse snack bar for any meals, etc required during their stay.